AVALON™ RISK MANAGEMENT

General Agent for the Sureties it Represents

Customs Bond Application & Indemnity

Return completed application to:			
	Customs Broker Name: A&A Contract Custom Brokers USA Inc		**Filer Code:** SQ4
	Phone: 360.332.7667	**Fax:** 360.332.7670	**Email:** jfoltz@aacb.com
	Important: Applicant should complete both sides and sign where noted. Return completed applications to a Regional Avalon office. The surety may require financial statements and/or additional information to approve the bond(s) upon request.		

Applicant/Principal/Indemnitor Information

Company Name:

DBA or Trade Name (if any):

☐ **Individual/Sole Proprietorship.** ☐ **Corporation.** State/Country of Incorporation:

☐ **General Partnership.** Please include names of all partners under separate cover. ☐ **Limited Partnership. If so**, CBP may require complete copy of partnership agreement.

Physical Address:

City:	**State/Province:**	**Postal Code:**	**Country:**

If foreign, U.S. service of process:

Importer Number (FEIN, CBP Assigned or SS#)**:**	**SCAC Code (if applicable):**	**Years in Business:**

Does Applicant participate in any of these CBP Programs? ☐ Importer Self Assessment ☐ Trusted Trader ☐ C-TPAT Tier 2 or 3 ☐ Other:

Importer Contact Name:		**Title:**
Phone:	**Fax:**	**Email:**
Is credit extended? ☐ Yes ☐ No	**If yes,** how much credit is extended?	**Applicant has been a client of the broker since (year):**

Are there any additional trade names and/or unincorporated divisions to be included on the bond? ☐ Yes ☐ No **If yes,** attach complete list.

Are there other Applicants to be included as co-principals on the bond? ☐ Yes ☐ No **If yes**, complete separate application for each.

Does Applicant participate in any of the following: *Please note answers for all items and **if yes**, please provide additional information as requested:*

☐ Yes ☐ No Periodic Monthly Statement? **If yes,** an additional surcharge may apply and financial statements may be required.
☐ Yes ☐ No Reconciliation program? **If yes,** a rider to the bond is required and additional premium shall apply.
☐ Yes ☐ No Importations to the U.S. Virgin Islands? **If yes,** a rider to the bond is required.
☐ Yes ☐ No Defer taxes on imports for tobacco, spirits and/or other commodities?

Do any of the following conditions apply? ☐ Yes ☐ No ***If yes,** check any that apply below and provide further details on a separate page.*

☐ Applicant and/or Partner/Officer of Applicant has previously filed for bankruptcy or is currently in bankruptcy proceedings.
☐ A surety has previously paid Customs bond claim(s) on Applicant's behalf and/or Applicant is aware of pending Customs claims.
☐ CBP has previously suspended Applicant's immediate delivery privileges and/or Applicant is currently sanctioned by CBP.
☐ Applicant and/or Partner/Officer has been investigated by CBP for fraud or negligence and/or is currently involved in an investigation.

Bond and Merchandise Related Information

☐ Single Entry ☑ Continuous	Bond Amount: $	Aggregated Bond Amount: $	Effective Date:

Activity Code: ☑ 1-Importer ☐ 1A-Drawback ☐ 2-Custodial ☐ 3-International Carrier ☐ 3A-International Traffic
☐ 4-FTZ ☐ 5-Gauger ☐ 6-Wool & Fur ☐ 7-B/L ☐ 8-Copyright ☐ 9-Neutrality ☐ 10-Court Costs
☐ 11-Airport Security Customs Area ☐ 12-ITC ☐ 14-IBEC ☐ 15-IPR ☐ 16-ISF (Importer Security Filing)

Custodial Type: ☐ Bonded Carrier ☐ Bonded Warehouse ☐ Container Freight Station ☐ Bonded Cartmen ☐ AMS Filings

International Carrier Type: ☐ Ocean Vessel ☐ AMS Filings ☐ Aircraft

ISF Type: For a single ISF-D bond or Unified filing, what is: (1) the ISF Filing Date? (2) Vessel Departure Date?

Entry Type(s): ☐ General Merchandise ☐ TIB ☐ Warehouse ☐ Auto (DOT) ☐ FDA ☐ Chapter 98 ☐ GSP/CBI ☐ AD/CVD*
**Please provide Avalon's AD/CVD questionnaire if merchandise is subject to antidumping and/or countervailing.*

Are you importing any of the following commodities: ☐ Yes ☐ No
Atomizers/Atomizer Kits/Vapes, Tobacco, Bitcoin Machines, Mining Devices, 3D Printers, Radioactive Materials, Solar Panels

Top 3 Commodities:	**Top 3 Countries of Origin:**
Is FDA Merchandise Subject to Automatic Detention? ☐ Yes ☐ No	**Is FDA Merchandise Restricted?** ☐ Yes ☐ No

Importer's Bank (Name & Branch Location):

Value of Merchandise:	Last 12 Months: $	Estimated next 12 months: $
Duties, Taxes and Fees:	Last 12 Months: $	Estimated next 12 months: $

Duties/Taxes Paid: ☐ With Entry ☑ With Entry Summary ☐ Via ACH payment

Signing Instructions

- By signing the application, you attest that the answers provided are true and correct.

SIGNATURE OF APPLICANT:	
Typed Name of person signing:	
Typed Title of person signing:	
Date:	

A&A Customs Brokers

Customs Bond Application – Instruction Sheet (Highlighted Fields)

SECTION 1: Applicant/Principal/Indemnitor Information

Company Name - Legal name of your company.

DBA or Trade Name - If you operate under a different name, list it here.

Business Type -Check applicable box (e.g., Individual/Sole Proprietorship, Corporation, etc.). If Partnership, attach partner details.

State/Country of Incorporation - *Required if you selected "Corporation"*

Physical Address / City / State / Postal Code / Country - Full physical address of your business.

If Foreign, U.S. Service of Process - Name and address of U.S.-based agent for legal service if the company is foreign.

Importer Number - Your IRS FEIN, CBP-assigned number, or SSN.

Years in Business - Number of years you've been operating

CBP Program Participation - Check "Yes" or "No" for each:

- Importer Self-Assessment
- Trusted Trader
- C-TPAT Tier 2 or 3
- Other: Specify if other CBP programs apply.

Importer Contact Info - Primary business contact for customs issues.
Importer Contact Name / Title / Phone / Fax / Email:

Credit History - Is Credit Extended?: Select "Yes" or "No". If Yes, Enter dollar amount of how much credit

Client of Broker Since - Year you started working with A&A

Additional Entities -

- Additional Trade Names/Divisions?: Check "Yes" if applicable and attach a list.
- Co-Principals?: Check "Yes" if more than one applicant; separate application required for each.

CBP Program Participation - Check "Yes" or "No" for:

- Periodic Monthly Statement
- Reconciliation Program
- U.S. Virgin Islands Importation
- Deferred Tax Programs (e.g., Tobacco/Spirits)

Risk Factors - Check "Yes" or "No" and provide details if "Yes":

- Bankruptcy History
- Paid or Pending CBP Bond Claims
- Suspension/Sanctions by CBP
- Investigations for Fraud or Negligence

SECTION 2: Bond & Merchandise Information

Select CONTINUOUS

Bond Amount - Enter Required bond amount; Minimum Bond Amount is $50,000.00 however you will need to review your import history and determine if a higher bond amount is required. The bond amount should cover 10% of your anticipated duty outlay.

Effective Date - Enter today's date

Activity Code - Select **IMPORTER**

Entry Type - Check all that apply: Entry Types: e.g., General Merchandise, FDA, AD/CVD.

Are you importing any of the following commodities -
Check "Yes" or "No" if you import: Vapes / Tobacco / Bitcoin Devices / 3D Printers / Radioactive Materials / Solar Panels

Top 3 Commodities - Briefly describe most-imported goods.

Top 3 Countries of Origin - Where your products are coming from.

Is FDA Merchandise Subject to Automatic Detention? Check "Yes" or "No

Is FDA Merchandise Restricted? Check "Yes" or "No"

Importer's Bank - Provide Name & Address of bank

Import Information -

- Value of Merchandise -
  - Last 12 Months: Total declared value.
  - Estimated Next 12 Months: Projected imports.

- Duties, Taxes, and Fees -
  - Last 12 Months
  - Next 12 Months: Estimated

Duties/Taxes Paid - Choose payment method - With Entry Summary is Marked

SECTION 3: Signing Instructions

Signature Section

- Signature of Applicant
- Typed Name of person signing Title of Principal: Printed info of signer.
- Typed Title of person signing

- Date