

**LEXON INSURANCE COMPANY
CARE OF INTERNATIONAL BOND & MARINE
2 HUDSON PLACE – 4TH FLOOR, HOBOKEN, NJ**

**APPLICATION TO DISTRICT DIRECTOR OF U.S. CUSTOMS SERVICE TO FILE C.F. 301 –
CONTINUOUS BOND**

Bond Serial No. _____ CHB Name _____
 Importer Name _____ Importer No. _____
 Street _____ City _____ State _____ Zip _____
 Contact Name: _____ Phone: _____ Fax: _____ Email: _____

DESCRIBE MERCHANDISE (Attach Additional Sheet if Necessary)	Country of Origin
1.	
2.	
3.	
4.	
5.	
6.	

LAST CALENDAR YEAR			ESTIMATED NEXT CALENDAR YEAR			
MERCHANDISE	VALUE	EST. DUTIES	NO. ENTRIES	VALUE	EST. DUTIES	NO. ENTRIES

**Importer requests that Customs approve the filing of C.F. 301
Continuous in an amount determined by Customs to be effective on**

Activity Code	Activity Name and Customs Regulations in Which conditions codified	Amount Required by Customs	Activity Code	Activity Name and Customs Regulations in which codified	Amount Required by Customs
<input type="checkbox"/> 1	Importer or broker.....113.62		<input type="checkbox"/> 3	International Carrier..... 113.64	
<input type="checkbox"/> 1a	Drawback Payment Refunds..... 113.65		<input type="checkbox"/> 3a	Instruments of International Traffic..... 113.66	
<input type="checkbox"/> 2	Custodian of bonded merchandise..... 113.63 Includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouses, container station operators		<input type="checkbox"/> 4	Foreign Trade Zone Operator..... 113.73	

U.S. Customs district where bond is to be filed _____
 Other districts through which I import _____

List Current Term, Annual or Continuous Bonds –E.G. 7553, 7595, 3581, Etc. (Attach additional sheet if necessary)

BOND TYPE	BOND AMOUNT	EFFECTIVE DATE	SURETY	WHERE FILED
1.				
2.				
3.				
4.				

Local district additional information _____

Years in
 Business
 Proprietorship
 Partnership
 Corporation
 Individual

CERTIFICATION

I certify that the factual information contained in this application is true and accurate and any information provided which is based upon estimates is based upon the best information available on the date of this application.

BY _____ TITLE _____ DATE _____

(SIGNATURE)