LEXON
INSURANCE
COMPANY (856)

INTERNATIONAL BOND & MARINE, TWO HUDSON PLACE, HOBOKEN, NJ 07030
Phone: (201) 653-6100 Fax (201) 653-7766

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
☐ 1	Importer or broker……113.62		☐ 3	International Carrier…… 113.64	
☐ 1a	Drawback Payment Refunds…… 113.65		☐ 3a	Instruments of International Traffic…… 113.66	
☐ 2	Custodian of bonded merchandise…….. 113.63 Includes bonded carriers, freight forwarders, cartmen and lightermen, all classes of warehouses, container station operators		☐ 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)