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SHIPPERS INTEREST CARGO INSURANCE APPLICATION

GENERAL INFORMATION										
Full Legal Name:					DBA (if any):					
Contact Name/Title:					Email:					
Physical Address:				City:		State:		Zip:		
Mailing Address:				City:		State:		Zip:		
Phone Number:			Fax Number:			Website:				
Years in Business:		<input type="checkbox"/> Corporation, State of:			<input type="checkbox"/> LLC		<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual	<input type="checkbox"/> Other:
Federal Tax ID or SS#:		Publicly held Corp: <input type="checkbox"/> Yes <input type="checkbox"/> No			Accounting Contact:					
Company type:		<input type="checkbox"/> Freight Forwarder		<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Exporter		<input type="checkbox"/> Importer		
<input type="checkbox"/> Other										
OPERATING AUTHORITY						Explanation				
Are you a Domestic Freight Broker?						<input type="checkbox"/> Yes <input type="checkbox"/> No		M/C #		
Are you a Domestic Freight Forwarder?						<input type="checkbox"/> Yes <input type="checkbox"/> No		F/F #		
Do you have any other Authorities?						<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a member of any professional organization(s)?						<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any signed contracts with Shippers that alter the extent of your liability? (yes please provide copies of contracts)								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Broker Carrier Agreement (contract with Truckers)? If yes, please provide copy of agreement								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you contract Motor Carriers with Intra State Authority Exclusively?								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use any service companies for vetting Truckers?								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you contract Motor Carriers with Common Carrier or Contract Carrier Authority?								<input type="checkbox"/> Yes <input type="checkbox"/> No		
COMMODITY INFORMATION										
Principal Commodity Shipped				How is the Commodity packed				Who Packs Commodity		
INSURED VALUE AND VOLUME										
	Annual Insured Value (last 12 months)		Estimated Insured Value (next 12 months)		Average value per shipment			Maximum value per shipment		
Truck										
Air										
Ocean										
GEOGRAPHICAL SCOPE										
Import From			Export To			% by Ocean		% by Air		
Do you move freight in and out of Canada?			<input type="checkbox"/> Yes <input type="checkbox"/> No %		Do you move freight in and out of Mexico?			<input type="checkbox"/> Yes <input type="checkbox"/> No %		
What percentage of your company's total volume handled comes from Domestic freight shipments within the U.S.?								%		
LIMITS OF LIABILITY										



Mode	Maximum Limit any one Vessel/Aircraft	Mode	Maximum Limit any one
Air		Mail/Parcel Post	
Ocean (Under-Deck)		Barge	
Ocean (On-Deck)		Rail	
Truck		Other	
Confirm percentage of Freight moved that is FCL (Full Container Load)		%	
Confirm percentage of Freight moved that is LCL (Less Container Load)		%	
Confirm percentage of Freight moved by Breakbulk		%	
Does your company own any of the cargo it carry's?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or operate your own trucks?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or lease any warehouses?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have coverage to protect your customers goods while in your warehouse or truck? (Package policy or Property of others)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get involved in the packing or stuffing of containers at any of your locations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you issue a Warehouse receipt for cargo held over 5 days?(if yes, please provide a copy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you issue a surface bill of lading and/or receipt for the surface transportation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you handle Shippers who insure cargo to the port only?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do and of your Shippers have a need for Contingency Coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you issue House Air Waybills? (if yes, please provide a copy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you issue Ocean Bills of Lading? (if yes, please provide a copy)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you insure duty on an U.S. Import Shipments?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Domestic Freight Broker? (if so, please attach copy of your broker carrier agreement)			<input type="checkbox"/> Yes <input type="checkbox"/> No
CLAIMS HISTORY – PLEASE PROVIDE HARD COPY LOSS RUNS FOR THE PAST 5 YEARS			
Year	Amount of Claim	Description of claim and commodity involved	
In the past five years have you had an Insurance Company cancel your Cargo Insurance policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past five years have you been named in a law suit relating to a Cargo claim?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, provide explanation and details of nature of the claim or law suit and the outcome:			
There may be additional financial risk your company may face, please indicate if you would like more information on the following policies:			
Contingent Cargo?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contingent Auto?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Directors & Officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMC-84	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property & Casualty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Legal Liability/Errors & Omissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other?			
Please provide any additional comments:			

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

By signing below you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed and any additional requested items are received.

California Law requires us to notify you of the following: Any person, who with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud; criminal and civil penalties varying in degree by state.

Name: _____

Title: _____

Date: _____

Signature of Applicant: _____