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HIGH VALUE OR HEAVY LOAD CARGO APPLICATION

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:
Company Type:		<input type="checkbox"/> Freight Broker <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> Trucker <input type="checkbox"/> Other, explain:	
Describe the nature of the business:			
Insured Name (owner of goods):			
Consignee (if applicable):			
Describe Commodity:			
Currency: <input type="checkbox"/> USD <input type="checkbox"/> Other		Insured Value: \$ Replacement/Actual Cash Value: \$	
Commodity: <input type="checkbox"/> New <input type="checkbox"/> Used		Weight: Dimensions: # of Pieces:	
Packaging: <input type="checkbox"/> Professional Packed <input type="checkbox"/> Manufacture Packed <input type="checkbox"/> Owner Packed <input type="checkbox"/> Crated <input type="checkbox"/> Palletized <input type="checkbox"/> Shrink Wrapped <input type="checkbox"/> Bags <input type="checkbox"/> Drums/Barrels <input type="checkbox"/> Break Bulk <input type="checkbox"/> Other:			
Equipment used for loading:		Equipment used for unloading:	
Origin City/State:		Destination City/State:	
Truck service: <input type="checkbox"/> Full Container Load <input type="checkbox"/> Less Container		What is the weight capacity of the trailer being used:	
How many Truckers will be used for this move?		<input type="checkbox"/> One Trucker <input type="checkbox"/> Team of Two Truckers <input type="checkbox"/> Other:	
In each case, confirm how long you have worked with the Trucker(s):			
Name of Trucker:		Truckers Limit of Liability: Truckers M/C #	
Name of Trucker:		Truckers Limit of Liability: Truckers M/C #	
Does the Trucking company run Motor Vehicle reports on all drivers?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Does the Trucking company do criminal background checks on all drivers moving high value loads?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Is Satellite or other tracking equipment used?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	
Provide details on any additional security measures taken:			
If you are a Freight Broker, do you have a contract in place which holds the Trucker liable for the full value of the load?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Truckers Bill of Lading be on a released value basis?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the Truckers Bill of Lading be on a full value declared Bill of Lading?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get actual copies of the Truckers Motor Truck Cargo policy to verify the commodity moved is covered and not excluded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of all policy exclusions and policy warranties in place with the Truckers cargo coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Truckers own cargo policy limit equal to the value of the load being transported?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in excess coverage that covers the difference between the Truckers policy limit and the value of the load?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in cargo coverage that will respond to a cargo claim if the Truckers policy fails to respond?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any cargo claims paid on your behalf in the past five years for this type of cargo?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any claims details:			

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: _____