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## FREIGHT INSURANCE *FAST* APPLICATION

<b>CALLERS CONTACT INFORMATION</b>			
Company Name:			
Contact Name:		Phone Number:	
Contact Email:		Fax Number:	

<b>CERTIFICATE INFORMATION</b>			
Name of Insured (owner of goods):			
Consignee:			
Freight Broker:			
Trucker/Carrier Name:			
Truckers Limit of Liability:	\$		
Truck/Trailer Type:			
Move Details:	<input type="checkbox"/> Truck <input type="checkbox"/> Air <input type="checkbox"/> Ocean <input type="checkbox"/> Rail	Vessel/Flight #:	
Shipping Date:			Reference #:
Describe Commodity:			<input type="checkbox"/> New <input type="checkbox"/> Used
Weight:	Overweight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:	
Dimensions:	Oversized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dimensions:	
Load Details:	<input type="checkbox"/> Full Container Load (FCL) <input type="checkbox"/> Less than Load (LTL)		
Packaging Details:	<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		
Other Packaging:			
Origin City/State:			
Destination City/State:			
Insured Value:		Deductible:	

<b>Check appropriate box below</b>			
Quote only:	<input type="checkbox"/>	Issue Certificate:	<input type="checkbox"/>
Fax Certificate:	<input type="checkbox"/>	Charge CC on file:	<input type="checkbox"/>
Email Certificate:	<input type="checkbox"/>	Contact me for payment info:	<input type="checkbox"/>

**Email form to: freightfast@logistiqinsurance.com or Fax form to: 310.374.2431**