



GENERAL LIABILITY 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	Other:
Federal Tax ID or SS#:		Publicly held Corp: <input type="checkbox"/> Yes <input type="checkbox"/> No			#Employees:					
Annual Payroll:			Warehouse/Terminal payroll (if any)							
Number of Additional Locations:			List other Named Insured:							
Describe the nature of the business:										
Would you like your quote to include Errors and Omissions coverage?					<input type="checkbox"/> Yes <input type="checkbox"/> No					
GROSS FREIGHT RECEIPTS			Dates			Total Receipts				
Next 12 months (estimate future year)						\$				
Last 12 months (last year)						\$				
Prior year 12 months (2 years back)						\$				
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 Carries with Common Carrier or Contract Carrier Authority?								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confirm percentage of Freight moved that is FTL (Full Truck Load)						%				
Confirm percentage of Freight moved that is LTL (Less than Full Load)						%				
CURRENT COVERAGE		Current Carrier				Premium		Expiration Date		
General Liability						\$				
Contingent Auto Liability						\$				
Contingent Cargo						\$				
Workers' Compensation						\$				
Umbrella						\$				
Other (list)						\$				

Please provide copies of the above policies to support our risk management audit and our quotation/proposal for you. Please provide hard copy "loss runs" for all lines of coverage being quoted for the last five years (current year, plus four previous). If no coverage has been in effect, please indicate any known losses in the claim section under the appropriate line of coverage.



COVERAGE	Limits	Alternate Limit Requested (if any)
Annual General Aggregate	\$2,000,000.	
Each Occurrence	\$1,000,000.	
Products and Completed Operations	\$1,000,000.	
Personal and Advertising Injury	\$1,000,000.	
Fire Damage Legal Liability	\$50,000.	
Medical Expenses (any one person)	\$5,000.	
Deductible	\$5,000.	

SMALL BUSINESS QUESTIONS

Any other past/ present partnerships or joint ventures to be named?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any medical facilities provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any operations sold, acquired or discontinued in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any aircraft owned, hired, leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sponsor any athletic teams?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any watercraft owned, hired, leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you utilize a Professional Employment Organization/Employee Leasing Company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are leasing your premises, does your lease contain a mutual waiver of subrogation? If not sure, please include copy of lease			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have customers that require Additional Insured status and require Primary/Non-Contributory language? If yes, include names			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you deliver household goods/appliances that require entering the home and setting up/installing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the percentage of this type of work? %			
Umbrella/Excess Liability Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit: \$	\$1,000,000. Minimum, higher limits are available

ADDITIONAL INTEREST

List all additional interest to be added to the policy and indicate interest (e.g.: additional Insured, loss payee, lien holder)

Name:		Interest Type:	
Physical Address:	City:	State:	Zip:
Issue a certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:		Interest Type:	
Physical Address:	City:	State:	Zip:
Issue a certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LIST PHYSICAL ADDRESS FOR ADDITIONAL LOCATIONS:

Address:	City:	State:	Zip:
Address:	City:	State:	Zip:
Address:	City:	State:	Zip:

CLAIMS HISTORY

Have you had any General Liability claims paid on your behalf in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past five years have you been named in a law suit relating to a General Liability 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
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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: _____