

SHIPPERS INTEREST CARGO INSURANCE APPLICATION

| GENERAL INFORMATION | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------------|-----------------------------|
| Full Legal Company Name: | | | | DBA (if any): | | | |
| Contact First Name: | | | Contact Last Name: | | | | |
| Contact Title: | | | Email address: | | | | |
| Physical Address: | | | City: | State: | | Zip: | |
| Mailing Address: | | | City: | State: | | Zip: | |
| Phone Number: | | Fax Number: | | Website: | | | |
| Years in Business: | <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> Corporation, State of: | | <input type="checkbox"/> LLC | <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual | Other: |
| <i>Please note if in business for less than one year, owner resume/biography outlining industry experience may be requested.</i> | | | | | | | |
| 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"/> Freight Broker | |
| <input type="checkbox"/> Other | | | | | | | |
| OPERATING AUTHORITY | | | | | | | |
| 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 technology service companies for vetting Truckers? | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What is the name of the technology company used to vet Truckers? | | | | | | <input type="checkbox"/> N/A | |
| Is the technology service company data integrated into your operations system? | | | | | | <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 |
| INSURED VALUE AND VOLUME (Anticipated to be Insured) | | | | | | | |
| | Number of Shipments (last 12 months) | Number of Shipments (next 12 months) | Average value per shipment | | Maximum value per shipment | | |
| Truck | | | | | | | |
| Air | | | | | | | |
| Ocean | | | | | | | |
| GEOGRAPHICAL SCOPE | | | | | | | |
| ORIGINS | | DESTINATIONS | | % by Truck | % by Ocean | % by Air | % by Rail |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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 | | | | |



Do you arrange shipments for the following? If yes, please provide the percentage of total revenue.

| COMMODITY | Carried/Arranged? | Percentage of Revenue |
|-------------------------------------------------------------|----------------------------------------------------------|-----------------------|
| Antiques | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Clocks/Watches and components of clocks or watches | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Electronics (e.g.; plasma tv's, cell phones, iPod, tablets) | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Furs/Leather | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Jewelry, Precious/Semi-Precious Metals, Minerals, Stones | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Liquor | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Live Animals | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Non-Ferrous Metals | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Produce/Perishables | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Pharmaceuticals | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Tobacco | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |
| Works of Art | <input type="checkbox"/> Yes <input type="checkbox"/> No | % |

LIST SPECIFIC COMMODITIES YOU MOVE:

Limit of Cargo Insurance you require from the Carriers/Truckers you hire? \$

Do you specialize in any one type of commodity? Yes No If yes, describe:

Do you primarily use a Carrier/Trucker? Yes No If yes, describe:

Do you obtain Certificates of Insurance from authorized Carriers/Truckers? Yes No

Do you have a process in effect to confirm Insurance Coverage is in place with a Carrier/Trucker? Yes No If yes, describe:

Is the limit of insurance on the Carrier's certificate of insurance always equal to or greater than the shipment assigned to the Carrier? Yes No

If no, will you obtain excess cargo insurance to cover the value of the load? Get excess coverage at Freightinsurancefast.com Yes No

Are you responsible for packaging, loading or unloading of all freight? Yes No

Do you have contracts in place with your clients that hold you liable for the full value of the load? If yes, please provide copy(s) Yes No

Does your company own any of the cargo it ships? Yes No

Do you own or operate your own trucks? Yes No

Do you own or lease any warehouses? Yes No

Do you have coverage to protect your customer's goods while in your warehouse or truck? (Package policy or Property of others) Yes No

Do you get involved in the packing or stuffing of containers at any of your locations? Yes No

Do you issue a Warehouse receipt for cargo held over 5 days? (if yes, please provide a copy) Yes No

Do you issue a surface bill of lading and/or receipt for the surface transportation? Yes No

Do you handle Shippers who insure cargo to the port only? Yes No

Do and of your Shippers have a need for Contingency Coverage? Yes No

Do you issue House Air Waybills? (if yes, please provide a copy) Yes No

Do you issue Ocean Bills of Lading? (if yes, please provide a copy) Yes No

Do you insure duty on an U.S. Import Shipments? Yes No

Are you a Domestic Freight Broker? (if so, please attach copy of your broker carrier agreement) Yes No

Do you arrange bulk shipments? Yes No

Do you move permit required oversized or over weight shipments? If yes, please explain:

What percentage of your company's total volume handled comes from Domestic freight shipments within the U.S.? %

Do you move freight in and out of Canada? Yes No % Do you move freight in and out of Mexico? Yes 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? Yes No

In the past five years, have you been named in a law suit relating to a Cargo claim? Yes No

If yes to the above, provide explanation and details of nature of the claim or law suit and the outcome:



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|----------------------------------------------------------------------------------------------------------------------------------------------------|
| There may be additional financial risk your company may face, please indicate if you would like more information on the following policies: |
| |
| Please provide any additional comments: |
| |
| |
| |

Please provide copies of any of your current 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.

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.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties. (not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject person to criminal and civil penalties.

In the Washington, it is a crime to knowingly provide false, incomplete information to an insurance company for defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Name: _____

Title: _____

Date: _____

Signature of Applicant: _____