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**BROKER SHIELD INSURANCE PROGRAM
 BROAD FORM CONTINGENT CARGO APPLICATION**

GENERAL INFORMATION									
Full Legal Name:					DBA (if any):				
Contact Name/Title:					Email:				
Physical Address:				City:			State:		
Mailing Address:				City:			State:		
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	Annual Payroll:	\$	#Employees:	
Describe the nature of the business:									
OPERATING AUTHORITY					Explanation				
Are you a Domestic Freight Broker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	M/C #			Are you a Motor Truck Carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No	M/C #		
Is your Freight Broker authority in its own separate entity or corporation?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a Domestic Freight Forwarder?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
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?								<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	
In all cases, is the Motor Carriers cargo policy limits equal to the total value of cargo shipped?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you or the Motor Carrier purchase excess cargo insurance when the value of the cargo exceeds Motor Carriers limit?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you post shipments on load boards?								<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)						%			
For LTL Carrier, confirm the extent of the Carriers liability per pound?									
Do you move freight using other forms of transportation?					<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:			
CLIENTS TO BE INSURED – confirm the name of the clients to be insured and the breakdown of the principal goods handled for these clients:									
Client Name	Description of Goods	Total Gross Freight Receipts							
VALUES AND VOLUME									
Average value per domestic shipment any on truck:					\$				
Maximum value per domestic shipment any one truck:					\$				
Average number of insured shipments per month:					\$				
Estimated annual gross revenues generated from insured clients?					\$				



GEOGRAPHIC SCOPE – confirm principal cities/states you move freight to and from within the USA			
City	State	City	State
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
CLAIMS HISTORY – please provide past 5 years of hard copy loss runs.			
Have you had any Cargo claims paid under a cargo policy in place for your company, in the past five years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had cargo claims incurred on shipments moved by your company whether insured or not over the past 5 years, which were not paid by the Motor Carrier or their Insurance company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, provide explanation and details of nature of the claim 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:			
Freight Broker Auto?	<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	Directors & Officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surety Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Errors & Omissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMC-84	<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.

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 the purpose of 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 the purpose of 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 the purpose of 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 the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Name: _____

Title: _____ **Date:** _____

Signature of Applicant: _____