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## BROKER SHIELD INSURANCE PROGRAM

### CONTINGENT CARGO LEGAL LIABILITY & CONTINGENT AUTO 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			Annual Payroll: \$		#Employees:			
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 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		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 Carriers 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.



<b>Coverage</b>	<b>Limit</b>
Limit of Insurance desired per trailer:	\$
Per loss or accident:	\$
Deductible desired:	\$
Limit of Cargo Insurance you require from the Carriers/Truckers you hire?	\$
Do you specialize in any one type of merchandise? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Do you primarily use a particular Carrier/Trucker? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Do you obtain Certificates of Insurance from authorized Carriers/Truckers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a process in effect to confirm Insurance Coverage is in place with a Carrier/Trucker? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, will you obtain excess (Spot) cargo insurance to cover the value of the load? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: Excess Cargo Insurance is available at <a href="http://www.fiasap.com">www.fiasap.com</a> or 1-888-910-4747	
Are you responsible for packaging, loading or unloading of all freight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any contracts in place with your clients that hold you liable for the full value of the load? If yes, please provide copy(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your primary geographical territory? (States and Canada)	
Commodities moved, be as specific as possible:	

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, Ipods, 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	%

**CONTINGENT AUTO LIABILITY**

<b>Coverage</b>	<b>Limit</b>	<b>Alternate Limit Requested (if any)</b>
Bodily Injury/Property Damage Liability:	\$ 1,000,000.	\$
Number of Truckers used last year:		Number of Truckers used this year:
What limits are third party Truckers required to carry:	\$	
Bodily Injury per person:	\$	Bodily injury per accident: \$
Property damage per accident:	\$	Or confirm the combined single limit: \$
How many loads brokered current year:		How many loads brokered prior year:
How many loads projected for the future year?		

**CLAIMS HISTORY**

Have you had any Cargo 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 Cargo damage?	<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:	
Have you had any Auto 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 an Auto 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:	
In the past five years have any Auto claims been paid out as a result of third party truckers being involved in an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:	
Have you been forced to make settlement on any claim when you were unsuccessful in collecting from a Carrier/Trucker/Insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:	

**There may be additional financial risk your company may face, please indicate if you would like more information on the following policies:**



General Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property & Casualty?	<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	Other?	

Please provide any additional comments:

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**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:** \_\_\_\_\_