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BROKER SHIELD INSURANCE PROGRAM APPLICATION

GENERAL INFORMATION											
Full Legal Company Name:					DBA (if any):						
Contact First Name:			Contact Last Name:								
Contact Title:				Email:							
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 <input type="checkbox"/> 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			Annual Payroll: \$		#Employees:			
Number of Additional Locations:			List any other Named Insured(s):								
Describe the nature of the business:											
GROSS FREIGHT RECEIPTS			DATES			TOTAL RECEIPTS					
Next 12 months (estimate future year)						\$					
Last 12 months (last year)						\$					
Prior year (2 years back)						\$					
3 years back						\$					
WHAT COVERAGE WOULD YOU LIKE QUOTED/INDICATE DESIRED LIMIT											
Freight Broker Cargo Legal Liability (Defense Coverage)				\$		General Liability		\$			
Broad Form Contingent Cargo				\$		Professional Liability (E&O)		\$			
Freight Broker Auto/3 rd Party Legal Liability				\$		Freight Broker Excess Liability Coverage		\$			
Do you have a BMC-84 Bond?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Need to Replace BMC-84 Bond?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Hired & Non-Owned End?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CURRENT COVERAGE			CURRENT CARRIER			PREMIUM		EXPIRATION DATE			
Freight Broker Contingent Cargo						\$					
Broad Form Contingent Cargo						\$					
Freight Broker Auto						\$					
General Liability						\$					
Professional Indemnity (E&O)						\$					
Excess/Umbrella						\$					
OPERATING AUTHORITY											
Are you a 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 own and operate a warehouse?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Do operate a warehouse you do not own?				<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 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)				%		Percentage moved that is LTL (Less than Full Truck Load)				%	



FREIGHT BROKER AUTO/3RD PARTY LEGAL LIABILITY

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?			

GENERAL LIABILITY QUESTIONS

Any exposure to radioactive/nuclear materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day care facilities operated or controlled at location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any operation sold, acquired or discontinued in last 5 yrs.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Machinery/Equipment loaned or rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any watercraft, docs, floats owned, hired or leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any parking facilities owned or rented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a fee charged for parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are recreation facilities provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a swimming pool on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any sporting or social events sponsored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any structural alterations contemplated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any demolition exposure contemplated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been active or currently active in a joint venture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you lease employees to or from other employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a labor interchange with any another business or subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are any Medical facilities provided or medical professionals employed or contracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have any crimes occurred or been attempted on your premises within the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the business's promotional literature make any representation about the safety and security of the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Insured have at least three years of experience in same or related business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your present or has your past operations involved storing, treating, discharging, applying, disposing or transport of hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL INTEREST

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

ADDITIONAL LOCATIONS

Premises #2:	
Physical Address:	City: State: Zip:
Premises #3:	
Physical Address:	City: State: Zip:

CLAIMS HISTORY

Have you had any General Liability losses 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 details:	
Have you had any Cargo losses 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 details:	
Have you ever had a Cargo loss not paid by a Motor Carrier for a FTL shipment over the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, provide details:	
Have you had any Auto Liability losses 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 details:	
In the past five years have any Auto losses been paid out, because of 3rd 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 loss when you were unsuccessful in collecting from a Carrier/Trucker/Insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:	
Have you had any Professional Liability or Errors and Omissions losses in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:	
Have you had any losses against your BMC-84 or BMC-85 bond in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:	

There may be additional financial risk your company faces; please indicate any other coverages you may be interested in:

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: _____