

## BROKER SHIELD INSURANCE PROGRAM APPLICATION

GENERAL INFORMATION													
Full Legal Company Name:					DBA (if any):								
Contact First Name:			Contact Last Name:										
Contact Title:			Contact Email:										
Physical Address:				City:		State:		Zip:					
Mailing Address:				City:		State:		Zip:					
Phone Number:			Website Address:										
Tax ID/SS #:		Company Type:		<input type="checkbox"/> Corporation <input type="checkbox"/> LLC		State of:		<input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> other					
Years in Business:		<input type="checkbox"/> Less than 1 year		<i>Please note if in business for less than one year, owner resume/biography outlining industry experience may be requested.</i>									
Number of Locations:		List any other Named Insured(s):											
Desired Policy Effective Date: <b>Estimate - subject to Change</b>													
INSUREDS HISTORY													
GROSS FREIGHT RECEIPTS		DATES		TOTAL GROSS FREIGHT RECEIPTS		LOAD COUNT #		# Of Claims		TOTAL PAID LOSSES*			
Next 12 months <small>(Projected estimate future year)</small>				\$				N/A		N/A			
Current Year				\$						\$			
Last Year				\$						\$			
2 Years Back				\$						\$			
3 Years Back				N/A		N/A				\$			
4 Years Back				N/A		N/A				\$			
<i>*Losses include any insured or un-insured losses, paid out of pocket for all Lines of Coverage requested</i>													
WHAT COVERAGE WOULD YOU LIKE QUOTED/INDICATE DESIRED LIMIT													
COVERAGE			LIMIT			COVERAGE			LIMIT				
A - Freight Broker Professional Indemnity (E&O)			\$			D – Commercial General Liability			\$				
B – Freight Broker Cargo Legal Liability			\$			E – Freight Broker Contingent Cargo (Broad Form)			\$				
C - Freight Broker Auto/3 <sup>rd</sup> Party Legal Liability			\$			F - Freight Broker Excess Liability			\$				
Excess Coverage over lines:		Professional Liability/E&O		<input type="checkbox"/> Yes		Auto/3 <sup>rd</sup> Party Liability		<input type="checkbox"/> Yes		General Liability		<input type="checkbox"/> Yes	
Desired General Deductible:		\$											
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 #							
Are you a member of the TIA or any other 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									
What FMCSA Authorities are held by the Insured?													
Is the Insured related to and/or associated with any other entity(ies) which hold FMCSA authority other than "Broker of Property"? If yes, please provided details: i.e.: Company Name, Authority Type, MC/FF# etc.:										<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are all related and/or associated entities if stated yes above, separate legal entities/corporation from the Insured?										<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 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)				%			
Do/will you broker loads to an affiliated carrier operation?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what it the percentage?				%			



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 (cell phones, laptops, tablets, gaming)	<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? \$ \_\_\_\_\_

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 online excess coverage at [freightinsurancefast.com](http://freightinsurancefast.com)**  Yes  No

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

What is your primary geographical territory? \_\_\_\_\_

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

Do you move freight using other forms of transportation?  Yes  No Explain: \_\_\_\_\_

Does your present or has your past operations involved storing, treating, discharging, applying, disposing or transport of hazardous materials?  Yes  No

**ADDITIONAL INTEREST**

Additional Insured/Waiver of Subrogation\*:  Yes  No  Blanket

Additional Insured/Waiver of Subrogation/Primary & Non-Contributory\*:  Yes  No  Blanket

\*Additional Insureds Name: \_\_\_\_\_

Additional Insureds Address: \_\_\_\_\_

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: \_\_\_\_\_

Premised #3: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CLAIMS HISTORY \*Losses include any insured or un-insured losses, paid out of paid out of pocket for all Lines of Coverage requested**

Have you had any General Liability losses in the past five years?  Yes  No

In the past five years, have you been named in a lawsuit relating to a General Liability claim?  Yes  No

If yes to the above, provide details: \_\_\_\_\_

Have you had any Cargo losses in the past five years?  Yes  No

In the past five years, have you been named in a lawsuit relating to Cargo damage?  Yes  No

If yes to the above, provide details: \_\_\_\_\_

Have you had any Auto Liability losses in the past five years?  Yes  No

In the past five years, have you been named in a lawsuit relating to an Auto Liability Claim?  Yes  No

If yes to the above, provide details: \_\_\_\_\_

Have you been forced to make settlement on any loss when you were unsuccessful in collecting from a Carrier/Trucker/Insurer?  Yes  No

If so, provide details: \_\_\_\_\_

Have you had any Professional Liability or Errors and Omissions losses in the past five years?  Yes  No

If so, provide details: \_\_\_\_\_

Have you had any losses against your BMC-84 or BMC-85 bond in the past five years?  Yes  No

If so, provide details: \_\_\_\_\_



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