



2609 Manhattan Beach Blvd., Suite 220
 Redondo Beach, CA. 90278
 Phone: 310.379.9660 Toll Free: 888.910.4747
 Email: FIF@logistiq.com
 Web: Freightinsurancefast.com License: 0I01602



FREIGHT INSURANCE *FAST* APPLICATION

CALLERS CONTACT INFORMATION			
Company Name:			
Contact Name:		Phone Number:	
Contact Email:		Mobile Number:	

CERTIFICATE INFORMATION			
Name of Insured: <small>(Owner of goods)</small>			
Consignee:			
Freight Broker:			
Trucker/Carrier Name:		M/C #:	
Truckers Limit of Liability:	\$		
Truck/Trailer Type:			
Move Details:	<input type="checkbox"/> Truck	<input type="checkbox"/> Air	<input type="checkbox"/> Ocean
Shipping Date:	<input type="checkbox"/> Rail	Vessel/Flight #:	
Describe Commodity:			<input type="checkbox"/> New <input type="checkbox"/> Used
Weight:	Overweight? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:	
Overweight cargo is being loaded by:	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Trucker	<input type="checkbox"/> Owner <input type="checkbox"/> Other
Dimensions:	Oversized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dimensions:	
Load Details:	<input type="checkbox"/> Full Container Load (FCL)		<input type="checkbox"/> Less than Load (LTL)
Packaging Details:	<input type="checkbox"/> Professional Packed <input type="checkbox"/> Manufacture Packed <input type="checkbox"/> Owner Packed <input type="checkbox"/> Crated <input type="checkbox"/> Palletized <input type="checkbox"/> Shrink Wrapped <input type="checkbox"/> Bags <input type="checkbox"/> Drums/Barrels <input type="checkbox"/> Break Bulk		
Other Packaging:			
Origin City/State:			
Destination City/State:			
Insured Value:			
Deductible:	<small>(NOTE: this is generally equal to the Motor Truck Carrier's Cargo Policy limit, and in most cases is not less than \$100K unless this is an LTL shipment.)</small>		

Check appropriate box below			
Quote only:	<input type="checkbox"/>	Issue Certificate:	<input type="checkbox"/>
Fax Certificate:	<input type="checkbox"/>	Charge CC on file:	<input type="checkbox"/>
		Email Certificate:	<input type="checkbox"/>
		Contact me for payment info:	<input type="checkbox"/>

Email form to: FIF@logistiq.com