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BROKER SHIELD INSURANCE PROGRAM ALL LINES – COMMERCIAL INSURANCE 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	<input type="checkbox"/> 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:										
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 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						
Are there more than 50 employees at any one location?				<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		
Is the gross income greater than \$50 million for the account? Or \$15 million for any one location?								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the property value greater than \$50 million for the account? Or \$30 million for any one location?								<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)						%				
POLICY COVERAGE REQUIRED										
Property Coverage Deductible: (\$1,000. Minimum)			\$		Terrorism Coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
General Aggregate Limit: (2 million or 4 million)			\$		Employers Practices?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Umbrella Coverage Limit:			\$		Hired and Non-Owned Endorsement?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
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.



In the coverage section below, some limits are automatically included within the standard coverage(s) and will be already filled in, if you require different limits, please indicate required limit.

BUILDINGS & LOCATIONS			
Location 1: Please note if you have additional locations that are not vacant land, you will need to complete this section for each additional location.			
Physical Address:	City:	State:	Zip:
Is this vacant land? <input type="checkbox"/> Yes <input type="checkbox"/> No	County the location is in:	Owner/Lessor/Lessee:	
Total Bldg. Sq. Feet (exclude basement):	Percentage you occupy? %	Percentage of Building with Sprinklers:	%
Year Built:	Number of Stories:	Number of Elevators:	Does Building have Air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	<input type="checkbox"/> Frame <input type="checkbox"/> Joint Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Other		
Roof Material:	<input type="checkbox"/> Aluminum Shingles <input type="checkbox"/> Composition <input type="checkbox"/> Concrete on Metal <input type="checkbox"/> Asbestos <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Clay Tile <input type="checkbox"/> Rolled Roofing <input type="checkbox"/> Rock <input type="checkbox"/> Slated <input type="checkbox"/> Shingles <input type="checkbox"/> Tile <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Wood Shingle <input type="checkbox"/> Other		
Basement Sq. Feet:	<input type="checkbox"/> Finished or <input type="checkbox"/> Unfinished	Basement Condition:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Distance in feet to the nearest fire hydrant:	Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
Is there a central station burglar alarm at the location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:		
Is there a surge protection on equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a central station fire alarm at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all buildings designed for current occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do all buildings have operable/tagged fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do all buildings have at least two exits per floor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do all barred windows have safety releases? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any sales of products? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any locations with gas pumps or underground tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any used items sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Applicant deliver goods? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any business open after 11:00 pm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any buildings vacant more than 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are sidewalks, walkways, stairways and parking lots maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a best practices security protection program (set alarms, lock all dead bolts, excess cash placed in class b or better safe)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you require Contractors to have \$1 million in liability coverage and name your business as an additional insured to the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there standardized hiring practices, including checking MVR's and criminal records before hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How often do you have regular safety meetings with your employees?			
COVERAGE	Minimum Limit/Exposure	Alternate Limit Requested (if any)	
Business Personal Property	\$25,000.		
Business Personal Property Valuation	Replacement Cost	Replacement Cost	
Property of Others	\$15,000.		
Accounts Receivable	\$15,000.		
Computer Equipment/Software	\$15,000.		
Valuable Papers	\$15,000.		
Data Compromise (attached)	Included	Included	
Identify Recovery Coverage	Included	Included	
Equipment Breakdown	\$25,000.		
IMPROVEMENTS	Update	Year	
Wiring	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SMALL BUSINESS QUESTIONS			
Is the Applicant a subsidiary of another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Applicant have any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any exposures to flammables, explosives, chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any uncorrected fire code violations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a formal safety program in operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any catastrophe exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any other insurance with this company or are submitting any additional applications with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? (Question not applicable in MO) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any pass losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No			
During the last 5 years (10 in RI) has any applicant been indicted for or convicted of any degree of crime or fraud, bribery, Arson or any other arson related crime in conjunction with this or any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any foreign operations, foreign products distributed in the USA or US products sold/distributed in foreign Countries? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any bankruptcies, tax or credit liens against the applicant in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the Business in Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Trust:		



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 years?	<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)

PROPERTY

Premises:		Interest Type:	
Additional Interest Name:			
Physical Address:	City:	State:	Zip:

GENERAL LIABILITY

Additional Interest Name:		Interest Type:	
Physical Address:	City:	State:	Zip:

CONTINGENT CARGO LEGAL LIABILITY

Coverage	Limit
Limit of Insurance desired per trailer:	\$
Per loss or accident:	\$
Deductible desired:	\$
Limit of Cargo Insurance you require form 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 www.fiasap.com 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			
Coverage	Limit	Alternate Limit Requested (if any)	
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 General 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 a General 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:			
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:			
Errors & Omissions?	<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:			

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.

California Law requires us to notify you of the following: Any person, who with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud; criminal and civil penalties varying in degree by state.

Name: _____

Title: _____

Date: _____

Signature of Applicant: _____