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BROKER SHIELD INSURANCE PROGRAM BROAD FORM CONTINGENT CARGO LIABILITY APPLICATION

GENERAL INFORMATION	ON													
Full Legal Name:									DBA (if a	ny):				
Contact Name/Title:									Email:					
Physical Address:					(City:					State:		Zip:	
Mailing Address:					(City:					State:		Zip:	
Phone Number:			Fax N	umber:					Website	e:				
Years in Business:		Corpor	ation, State	e of:			LLC	[Partne	rship	Ind	ividual	Other:	
Federal Tax ID or SS#:		Pub	licly held Co	orp: Y	es _] No	A	nnual	Payroll:	\$		#En	nployees:	
Describe the nature of t	he business:													
OPERATING AUTHORI	TY							Ехр	lanation					
Are you a Domestic Freight Broker?					Yes [Yes No M/C#								
Are you a Domestic Freight Forwarder?					Yes [
Do you have any other Authorities?					Yes [No			·					
Are you a member of ar	ny professiona	l organizati	on(s)?		Yes [No								
Do you have any signed	contracts wit	h Shippers	that alter th	ne extent o	of you	r liabili	ty? (y	es ple	ase provi	de co	pies of co	ntracts)		Yes No
Do you have a Broker Carrier Agreement (contract with Truckers)? If yes, please provide copy of agreement								Yes 🗌 No						
Do you contract Motor Carriers with Intra State Authority Exclusively?									Yes 🗌 No					
Do you use any service companies for vetting Truckers?									Yes 🗌 No					
Do you contract Motor Carries with Common Carrier or Contract Carrier Authority?									Yes 🗌 No					
In all cases, is the Motor	r Carriers carg	o policy lim	its equal to	the total	value	of carg	go ship	ped?						Yes 🗌 No
Do you or the Motor Ca	rrier purchase	excess car	go insurano	ce when th	ne valu	e of th	e car	go exc	eeds Mo	tor Ca	arriers lim	it?		Yes No
Confirm percentage of F	reight moved	I that is FTL	(Full Truck	Load)					%					
Confirm percentage of F	reight moved	I that is LTL	(Less than	Full Load)					%					
For LTL Carrier, confirm	the extent of	the Carrier	s liability pe	er pound?										
Do you move freight usi	ng other form	ns of transp	ortation?	Yes	. 🗌 N	lo E	xplair	ո։						
CLIENTS TO BE INSURED	O – confirm th	e name of t	he clients t	o be insur	ed and	d the b	reakd	own d	of the pri	ncipal	goods ha	ndled fo	r these cli	ents:
Client Name			Descripti	Description of Goods				Total Gross Freight						
VALUES AND VOLUME														
Average value per dome					\$									
Maximum value per dor		•			\$									
Average number of insu					\$									
Estimated annual gross	Estimated annual gross revenues generated from insured clients?													



	i principai citic	25/ States you		t to and from within the l	05/1	
City			State	City		State
			7	5 6 1 1 1 1		
Do you move freight in and out		Yes L	_ No	Do you move freight in a	nd out of Mexico?	Yes No
CLAIMS HISTORY – please provi						DV DN-
Have you had any Cargo claims Have you had cargo claims incur						Yes No
were not paid by the Motor Car	•		•	y whether insured or not c	over the past 5 years, whic	h Yes No
If yes to the above, provide expl				and the outcome:		
ii yes to the above, provide expl	anation and de	talls of flature	or the claim	and the outcome.		
Th	1-1-1-1			dia - t - if		
There may be additional finance	iai risk your co	mpany may ta	ce, piease in	dicate if you would like m	iore information on the fo	llowing policies:
					П. П.	
General Liability?	Yes	No No		Property & Casualty?	∐Yes ∐ No	
Employers Practices?	Yes	No		Directors & Officers?	Yes No	
Errors & Omissions?	Yes	No		Contingent Auto?	Yes No	
3 rd Party Liability?	Yes	∐ No		Surety Bonds?	∐Yes ∐ No	
BMC-84	∐Yes	No		Other?		
Diagon munida amu addiki amal a						
Please provide any additional co	mments:					
APPLICANT ACKNOWLEDGEMEN	T 9. SIGNATUD	=				
Ry signing helow you are acknow		•			and information that are t	
,	ל you understar	nd that we will	only be able	to offer a quotation when	n all the applicable sections	s are completed and a
the scope of your knowledge, and						
the scope of your knowledge, and additional requested items are re	ceived.					
the scope of your knowledge, and additional requested items are re		following: Any	person, who	with intent to defraud o	or knowingly facilitates a f	raud against an insur
the scope of your knowledge, and additional requested items are recalifornia Law requires us to not submits an application or files a	tify you of the					
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