



FREIGHT INSURANCE ASAP APPLICATION

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

CERTIFICATE INFORMATION						
Name of Insured (owner of goods):						
Consignee:						
Freight Broker:						
Trucker/Carrier Name:						
Truckers Limit of Liability:	\$					
Truck/Trailer Type:						
Move Details:	<input type="checkbox"/> Truck	<input type="checkbox"/> Air	<input type="checkbox"/> Ocean	<input type="checkbox"/> Rail	Vessel/Flight #:	
Shipping Date:				Reference #:		
Describe Commodity:					<input type="checkbox"/> New	<input type="checkbox"/> Used
Weight:	Overweight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Weight:		
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:		

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

Email form to: fiasap@gsis.com
or Fax form to: 310.374.2431