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**Global Solutions Insurance Services, Inc.**

## BROAD FORM CONTINGENT CARGO APPLICATION



### GENERAL INFORMATION

Full Legal Name: \_\_\_\_\_ DBA (if any): \_\_\_\_\_  
 Contact Name & Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_  Corporation, state of \_\_\_\_\_  Individual  Partnership  Proprietorship  Subsidiary  Foreign  
 Publicly held corporation?  Yes  No Federal Tax ID: \_\_\_\_\_  
 General Description of operations: \_\_\_\_\_  
 Are you a member of any professional organization(s)? Please list: \_\_\_\_\_

### CLIENTS TO BE INSURED UNDER THIS SHIPPERS INTEREST CARGO POLICY

Confirm the name of clients to be insured and the breakdown of principal goods handled for these clients:

Client Name:	Description of Goods	Total Gross Freight

Will you offer insurance to all of your clients?  Yes  No Do you specialize in any one cargo?  Yes  No If yes, what? \_\_\_\_\_  
 Do handle refrigerated cargo which you want to insure?  Yes  No If yes, what type? \_\_\_\_\_

### VALUES AND VOLUME

Average value per Domestic Shipment any one truck: \$ \_\_\_\_\_ Maximum value per Domestic Shipment any one Truck: \$ \_\_\_\_\_  
 Average number of insured shipments per month: \_\_\_\_\_ Your total estimated Annual Gross Revenues: \$ \_\_\_\_\_

### GEOGRAPHIC SCOPE

Principal areas/cities you move freight to and from within USA: \_\_\_\_\_

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

What percentage of your company's total volume handled comes from Domestic Freight shipments within 48 US States & Canada? \_\_\_\_\_ %

Any International shipments to be insured?  Yes  No If yes, please advise principal countries involved and the percentage of your volume:

Imports from:	% of Import Volume:	Exports from:	% of Export Volume:
	%		%
	%		%
	%		%



**CONVEYANCES**

**What percentage of freight you move is shipped by:**

FTL (Full Truck Load Truck) Shipments: \_\_\_\_\_ % Do you move freight using other forms of transportation?  Yes  No (explain) \_\_\_\_\_

LTL (Less than Load) Shipments: \_\_\_\_\_ % For LTL Carrier confirm the extent of the Carriers liability per lb.? \_\_\_\_\_

**CARGO LOSS HISTORY**

Confirm Cargo Claims incurred on shipments moved by your company whether insured or not over the past 5 years.

Please provide any claim details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

There may be additional financial risk your company may face, please indicate whether you would like more information on the following policies:

- |                        |  |                                  |  |
|------------------------|--|----------------------------------|--|
| Property & Casualty?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | General Liability?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employers Practices?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Errors & Omissions?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Directors & Officers?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 <sup>rd</sup> Party Liability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contingent Auto?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Contingent Cargo?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cargo Legal Liability? | <input type="checkbox"/> Yes <input type="checkbox"/> No | BMC-84?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                            |  |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below you are acknowledging that you:

Have completed the application with information that is true and accurate within the scope of your knowledge, and you understand that we will only be able to offer you a quotation when all applicable sections of the application are completed, signed and any additional requested items are received.

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_

(signature)

**California Law requires us to notify you of the following: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."**