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Global Solutions Insurance Services, Inc.

BROKER SHIELD INSURANCE PROGRAM CONTINGENT AUTO LIABILITY 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 _____
 Would you like your quote to include Errors and Omissions coverage? Yes No

Gross Freight Receipts:

	Dates:	Gross Freight Receipts:
Next 12 months (estimated future year):		\$
Last 12 months (last year):		\$
Prior year 12 months (2 years back):		\$

Operating Authority:

Are you a Domestic Freight Broker? Yes No MC#: _____
 Are you a Domestic Freight Forwarder? Yes No MC#: _____

Do you have any other authorities?

Are you a member of any professional organization(s)? Please list:

Do you have any signed contracts with shippers that alter the extent of your liability? Yes No (If yes, please provide copies of the contracts)

Do you have a Broker Carrier Agreement (contract with Truckers)? Yes No (If yes, please provide copy of the agreement)

Confirm percent of freight moved that is FTL (Full Truck Loads) _____ %

Confirm percent of freight moved that is LTL (Less than Full Loads) _____ %

Current Insurance Information:

Coverage	Current Carrier	Premium	Expiration Date
General Liability			
Owned Auto			
Contingent Auto Liability			
Cargo			
Workers' Compensation			
Umbrella			
Crime			
Other (list)			

Please provide copies of the above policies to support our risk management audit. Obtained information from these policies can be helpful in putting together our quotation/proposal.



Coverage:	Limit:	Alternate Limit Requested (if any):
Bodily Injury/Property Damage Liability:	\$ 1,000,000	\$

General Information:

1. Number of truckers used last year: _____
2. Number of truckers used this year: _____
3. 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? \$ _____
4. How many loads brokered current year: _____
5. How many loads brokered prior year: _____
6. How many loads are projected for future year: _____

Claim History:

In the past three years have you been named in a law suit relating to an Auto Liability claim? Yes No

In the past three years have any Auto claims been paid out as a result of third party truckers being involved in an accident? Yes No

Please provide "hard copy" loss runs and Auto claims history for the last three years:

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

- General Liability? Yes No
- Contingent Cargo? Yes No
- Property & Casualty? Yes No
- Employers Practices? Yes No
- Directors & Officers? Yes No
- BMC-84? Yes No
- Other? Yes 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."