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Global Solutions Insurance Services, Inc.

BROKER SHIELD INSURANCE PROGRAM - APPLICATION CONTINGENT CARGO LEGAL LIABILITY & CONTINGENT AUTO LIABILITY



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. Information obtained from these policies can be helpful in putting together our quotation/proposal.

Please provide hard copy "loss runs" for all lines of coverage being quoted for the last three years (current year plus two previous). If no coverage has been in effect, please indicate any known losses in the claim section under the appropriate line of coverage.



Contingent Cargo Legal Liability Application:

Coverage	Limit
Limit of Insurance Desired Per Trailer:	\$ _____
Per Loss or Accident:	\$ _____
Deductible desired:	\$ _____

General Information:

Limit of Cargo Insurance you require from the carriers/truckers you use: \$ _____

Do you specialize in any one type of merchandise? Yes No

If yes, describe: _____

Do you primarily use a particular carrier/trucker? Yes No

If yes, describe: _____

Do you obtain certificates of insurance from authorized carriers/truckers? Yes No

Do you have any other process in effect to confirm insurance coverage is in place with carriers/truckers? Yes No

If yes, describe: _____

Is the limit of insurance shown on the carrier's certificate of insurance always equal to or greater than shipment assigned to the Carrier? Yes No

If no, will you obtain spot excess cargo insurance to cover the value of the load? Yes No

Spot excess cargo insurance is available at www.fiasap.com or 1.888.910.4747

Are you responsible for packing, loading or unloading? Yes No

Do you have contracts in place with your clients that hold you liable for the full value of the load? Yes No

If yes, please furnish a copy of the contract.

What is your primary geographical territory? (States and Canada) _____

Commodities moved, please be as specific as possible: _____

Do you arrange shipments for the following? If yes, please provide the percentage of total revenue.

Commodity	Carried/Arranged?	% of Revenue
Autos	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Boats	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Electronics (e.g., plasma tv's, cell phones,	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Explosives	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Furs	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Jewelry	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Liquor	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Machinery	<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	%
Seafood	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Frozen or Chilled Meats	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
Tobacco Products	<input type="checkbox"/> Yes <input type="checkbox"/> No	%

Claim History:

In the past three years have you been names in a law suit relating to Cargo damage? Yes No

If so, provide explanation and details on nature of law suit and outcome: _____

Please provide cargo claims history for the last three years, including a description of the loss and whether or not funds were collected from the primary carrier/trucker. If not collected from the carrier/trucker, were you forced to make settlement to the owner of the goods? Yes No

Please provide any claim details:



Contingent Auto Liability Application:

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 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:

- General Liability? 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."