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Global Solutions Insurance Services, Inc.

DOMESTIC SHIPPERS INTEREST 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: \$ _____ Maximum Value per Domestic Shipment: \$ _____

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:

Truck	%	Courier (FedEx)	%	Rail	%
Air	%	Ocean	%	Other	%



OWN TRUCK EXPOSURE

Does your company own its own cargo carrying trucks? Yes No

Number of Trucks? _____ Please list year(s) and makes: _____

What is the radius of operation? _____

DOMESTIC FREIGHT BROKER EXPOSURE

If you are a domestic freight broker attach a sample copy of your broker carrier agreement.

What percentage of freight you move is LTL? _____ % What percentage of freight you move is FCL? _____ %

Does your company operate a warehouse? (attach information if multiple locations) Yes No

Address: _____

Construction: _____ Number of stories: _____

Burglar Alarm System? Yes No Sprinkler System? Yes No Wet or Dry? _____

Fire Alarm System? Yes No Central? Yes No

Is the location fenced? Yes No Are there guards during non-operation hours? Yes No

Are warehouse receipts issued for cargo held for over 5 days? Yes No If yes please attach copy of front and back of receipt

Average amount of time shipments are held in storage? _____

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? Yes No
- Employers Practices? Yes No
- Directors & Officers? Yes No
- Contingent Auto? Yes No
- Cargo Legal Liability? Yes No
- Other? Yes No
- General Liability? Yes No
- Errors & Omissions? Yes No
- 3rd Party Liability? Yes No
- Contingent Cargo? Yes No
- BMC-84? 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."