



2512 Artesia Boulevard  
Suite 250  
Redondo Beach, CA.  
90278

www.gsis.com  
www.fiasap.com

phone: 310-379-9660  
fax: 310-374-2431  
license number: 0C01303

Global Solutions Insurance Services, Inc.

## BROKER SHIELD INSURANCE PROGRAM GENERAL 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  
 Would you like your quote to include Third Party Liability?  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 specify your General Liability coverage and limits:**

Coverage	Limits	Alternate Limit Requested (if any)
Annual General Aggregate	\$ 2,000,000	\$
Each Occurrence	\$ 1,000,000	\$
Products & Completed Operations	\$ 1,000,000	\$
Personal & Advertising Injury	\$ 1,000,000	\$
Fire Damage Legal Liability	\$ 50,000	\$
Medical Expenses (any one person)	\$ 5,000	\$
Deductible	\$ 5,000	\$

**Rating Information:**

Warehouse/terminal payroll (if any - if not, leave blank): \$ \_\_\_\_\_

All other payroll: \$ \_\_\_\_\_

**Miscellaneous Underwriting Information:**  
(Explain any yes responses on a separate sheet)

- Any other past or present partnerships or joint ventures that should be named?  Yes  No
- Any medical facilities provided?  Yes  No
- Any operations sold, acquired or discontinued in the last five years?  Yes  No
- Any watercraft owned, hired or leased?  Yes  No
- Any aircraft owned, hired or leased?  Yes  No
- Do you sponsor any athletic teams?  Yes  No
- Do you deliver household goods/appliances that require entering the home and setting up/installing?  Yes  No  
If yes, what is the percentage of this type of work? \_\_\_\_\_ %
- Do you presently have customers that require Additional Insured status and require Primary/Non-Contributory language?  Yes  No  
If yes, please provide a list of such customers.
- If you are leasing your premises, does your lease contain a mutual waiver of subrogation?  Yes  No If you are unsure please send a copy of the lease.
- Do you utilize a Professional Employment Organization/Employee Leasing Company?  Yes  No
- Umbrella/Excess Liability Requested?  Yes  No \$ \_\_\_\_\_ (\$1,000,000 minimum. Higher limits are available.)

**Claim History:**

Please provide hard copy "loss runs" for the last three years (current year plus two previous). If no coverage has been in effect, please provide explanation and detail of any known losses:

---



---



---

List all additional interests who will need to be added to the General Liability policy and indicate what their interest is (e.g., additional insured, loss payee, mortgage, lien holder). Attach a separate page if needed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Issue Certificate?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Issue Certificate?  Yes  No

List physical addresses for additional locations:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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

- Contingent Cargo?     Yes     No
- Contingent Auto?     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."**