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Global Solutions Insurance Services, Inc.

HEAVY LOAD CARGO APPLICATION

GENERAL INFORMATION

Full Legal Name: _____ DBA (if any): _____

Contact Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

Are you a Freight Broker? Yes No Are you a Freight Forwarder? Yes No Are you a Trucker? Yes No Other? Yes No

General Description of operations: _____

COMMODITY

Shipper (or Consignee) Name: _____

Please provide full details of the commodity(s) involved: _____

Commodity Age: New Used Truck Service: FCL LCL Weight : _____ # of Pieces: _____ Dimensions: _____

Packaging: Crated Palletized Shrink wrapped Pro Packed Owner Packed Break bulk Explain: _____

Equipment to be used for loading: _____ Equipment to be used for unloading: _____

Weight capacity of trailer to be used? _____

Insured Value: \$ _____ Currency: USD Other _____ Replacement/Actual Value: \$ _____

TRANSIT

Origin City/Cities: _____ Destination City/Cities: _____

Name of Trucker(s) used for transit: _____ Truckers MC #: _____

If you are a Freight Broker, do you have a contract in place which holds the Trucker liable for the full value of the load? Yes No

Will the Truckers Bill of Lading be on a released value basis? Yes No

Will the Truckers Bill of Lading be on a full value declared Bill of Lading? Yes No

VALUES

Insured value should be based on 100% invoice value plus freight:

Average value any one truck shipment: \$ _____ Maximum value any one truck shipment: \$ _____ Number of Shipments each week: _____

CARGO LOSS HISTORY

Confirm with the Shipper or Consignee all cargo claims incurred whether insured or not over the past 5 years.

Please provide any claim details: _____

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."