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Global Solutions Insurance Services, Inc.

SHIPPERS INTEREST CARGO INSURANCE 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 #: _____
 Nature of Business: Freight Forwarder Manufacturer Importer Exporter Other _____
 Are you a member of any professional organization(s)? Please list: _____

COMMODITY INFORMATION

Annual Percentage Breakdown of Shipments:

Please describe:

| | | |
|--|---------|-------|
| General Merchandise: | _____ % | _____ |
| High valued consumer electronics: (cell phones, laptops, apple computer products) | _____ % | _____ |
| Televisions – Plasmas, LCD, LED: | _____ % | _____ |
| Computer games & consoles, computer & memory chips: | _____ % | _____ |
| Wearing apparel and fabrics (textiles): | _____ % | _____ |
| Fur goods, Fur clothing: | _____ % | _____ |
| Cigarettes, cigars and alcoholic beverages: | _____ % | _____ |
| Drugs & medicines (prescription): | _____ % | _____ |
| Bagged foodstuff: | _____ % | _____ |
| Food stuff (non-perishable): | _____ % | _____ |
| Frozen foods other than frozen meat: | _____ % | _____ |
| Frozen Meat: | _____ % | _____ |
| Refrigerated goods: | _____ % | _____ |
| New motor cars/buses, etc: | _____ % | _____ |
| Non-ferrous metals (i.e. copper, aluminum): | _____ % | _____ |
| Steel sheet/coils/reinforcing bars: | _____ % | _____ |
| Jewelry, watches, watch parts: | _____ % | _____ |
| Precious stones & gems (gold, silver, diamonds, jewels): | _____ % | _____ |
| Fine Arts, Rugs handmade or oriental: | _____ % | _____ |
| Fragile goods, glass, china, earthenware, etc: | _____ % | _____ |

Please provide additional information of the actual cargo shipped: _____

Do you have Specific Projects and/or Volume Clients that require special consideration? Yes No

If yes, please provide client names and specific details: _____

INSURED VALUE AND VOLUME

Average value per International Air shipment: \$ _____ Maximum value per International Air shipment: \$ _____
 Average value per International Ocean shipment: \$ _____ Maximum value per International Ocean shipment: \$ _____
 Average value per Domestic shipment: \$ _____ Maximum value per Domestic shipment: \$ _____
 Estimated Annual Insured values: \$ _____ 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: |
|---------------|---------------------|---------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Own Truck Exposures:

Does your company own its own cargo carrying trucks? Yes No Number of trucks: _____

Year(s) and Makes: _____ Radius of operation? _____

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

Named Locations:

Does your company operate a warehouse? Yes No (Attach information on multiple warehouse locations)

Address: _____ Construction: _____ # of Stories: _____

Burglar Alarm? Yes No Sprinkler System? Yes No Fire Alarm? Yes No Is location fenced? Yes No

Maximum value in storage? _____ Are there Guards during non-business hours? Yes No

Are warehouse receipts issued for cargo held for over 5 days? Yes No Average amount of time shipments are held in storage: _____

Percentage of total cargo handled:

By Full Container Loads _____ %
 By Less Container Loads _____ %
 By Breakbulk _____ %

Percentage of methods of shipment:

By Sea _____ %
 By Air _____ %
 By Land _____ %

CARGO LOSS HISTORY

Confirm Cargo Claims incurred on shipments moved by your company whether insured or not over the past 5 years.

| Year | Amount of Claim | Brief description of claim and commodity involved |
|------|-----------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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

- | | | | |
|------------------------|--|----------------------------------|--|
| Property & Casualty? | <input type="checkbox"/> Yes <input type="checkbox"/> No | General Liability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employers Practices? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Errors & Omissions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Directors & Officers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3 rd Party Liability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cargo Legal Liability? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Contingent Cargo? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contingent Auto? | <input type="checkbox"/> Yes <input type="checkbox"/> No | BMC-84? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other? | <input type="checkbox"/> Yes <input type="checkbox"/> 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."