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## CONTINGENT CARGO INSURANCE APPLICATION

### APPLICANT INFORMATION

Named Insured _____ DBA _____ Mailing Address _____ _____ Physical Address _____ _____ Year Business Started _____	Contact Name _____ Title _____ Phone _____ Fax _____ Cell _____ Email _____ Federal Tax Id # _____
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Individual      Corporation      Partnership      Other      Publicly Held?      Yes      No

### GROSS FREIGHT RECEIPTS

Estimated Present Year \_\_\_\_\_ Last Year \_\_\_\_\_ 2 years ago \_\_\_\_\_

### OPERATING AUTHORITY

Description of operations \_\_\_\_\_

Domestic Freight Broker	Yes	No	MC # _____
Domestic Freight Forwarder	Yes	No	FF # _____

Do you have any other authorities? \_\_\_\_\_  
*If yes please explain*

Are you a member of any professional organizations? \_\_\_\_\_  
*If yes please list*

Do you have any signed contracts with Shipper's that alter the extent of your liability?      Yes      No  
*If yes please provide copies of the contracts*

Do you have Broker Carrier Agreement (contract with Truckers)?      Yes      No  
*If yes please provide a copy of the Agreement*

In the past 3 years have you been named in a Law Suit? If yes, please explain:      Yes      No

### LIMITS & COVERAGE

Desired Effective Date:	_____	Per loss or	Deductible Desired
Limit of Insurance	_____	accident:	\$1,000. Minimum: _____
Desired:	_____		



## GENERAL INFORMATION

Limit of cargo insurance you require from the carriers/truckers you use	\$ _____	
Do you specialize in any one type of merchandise? If yes, describe:	Yes	No
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Do you primarily use a particular carrier/trucker? If yes, provide name:	Yes	No
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Do you obtain certificates of insurance from authorized carriers/truckers?	Yes	No
Do you have a process in effect to confirm insurance coverage is in place with carriers/truckers? If yes, describe:	Yes	No
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Is the limit of insurance shown on the carrier's certificate of insurance always equal to or greater than the shipment assigned to the carrier?	Yes	No
If no, will you obtain excess cargo insurance to cover the value of the load? Excess Coverage available at <a href="http://www.FreightInsuranceASAP.com">www.FreightInsuranceASAP.com</a>	Yes	No
Are you responsible for packing, loading or unloading? If yes, describe:	Yes	No

What is your primary geographic territory (States & Canada): \_\_\_\_\_

Commodities Brokered/Moved, please be specific: \_\_\_\_\_

Do you arrange shipments for the following? If yes, what is the percentage of total revenue?

	Yes	No	%		Yes	No	%
Autos				Boats			
Clothing				Explosives			
Electronics – Plasmas TV's, Cell Phones, iPods, PlayStation				Frozen/Chilled Meat			
Furs				Jewelry			
Liquor				Machinery			
Pharmaceuticals				Produce			
Seafood				Tobacco Products			

## LOSSES PAST 3 YEARS

Date of Loss	Details of Loss
_____	_____
_____	_____
_____	_____

By signing below, you are acknowledging that the information provided in this application is true and accurate. A quotation will only be provided once all applicable sections of the application are completed and the application is signed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

