

The GSIS Companies – Freight Insurance ASAP – Broker Insurance Program (BIP)
Insurance programs & services for companies for the domestic and international logistics industries.

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Broker Insurance Program "BIP"
COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION

Named Insured	_____	Contact Person	_____
	_____	Title	_____
dba	_____		
	_____	Phone	_____
Mailing Address	_____	Fax	_____

	_____	Cell	_____
Street Address	_____	E-Mail	_____
	_____	Federal Tax ID #	_____
	_____	Proposed Effective Date	_____
Year Business Started	_____	(If under 3 years, attach outline of prior ownership and/or management experience)	

Individual Corporation Partnership Other **Are you a publicly held corporation?** YES NO

GROSS FREIGHT RECEIPTS

Last fiscal year: _____ \$ _____
Current fiscal year (estimate): _____ \$ _____

OPERATING AUTHORITY

Docket Number: _____

Broker Bond Number or Bank Letter of Credit _____

CURRENT INSURANCE INFORMATION

COVERAGE	CURRENT CARRIER	PREMIUM	EXPIRATION DATE
Property			
General Liability			
Owned Auto			
Hired/Non-Owned Auto			
Cargo			
Workers' Compensation			
Umbrella			
Crime			
Other (list)			

Please provide copies of the above policies. We can often obtain additional information from policies that is helpful in putting together our quotation/proposal.

IN ADDITION TO THE COMPLETED APPLICATION, WE REQUIRE THE FOLLOWING ITEMS:

- **Hard Copy "Loss Runs" for all lines of coverage being quoted for the last four (4) years. (Current year plus three previous). IF THIS COVERAGE HAD BEEN IN EFFECT. If not complete claim section of this application confirm any auto liability claims incurred.**
- **Sample copy of your broker/carrier agreement.**
- **Copy of current state(s) certificate of authority (if applicable).**

In the following specific coverage sections of the application, many limits will already be filled in. These are automatically included within the standard coverage(s). If you require different limits, please indicate those in the 'requested' column.

The following items aren't mandatory, but we strongly suggest that you send us:

- **Copies of any customer contracts and property leases**
- **Copies of any current policies**

GENERAL INFORMATION

(Provide details for all Yes responses)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?
<input type="checkbox"/>	<input type="checkbox"/>	Is a formal safety program in operation?
<input type="checkbox"/>	<input type="checkbox"/>	An exposure to flammables, explosives, chemicals?
<input type="checkbox"/>	<input type="checkbox"/>	Any catastrophe exposure?
<input type="checkbox"/>	<input type="checkbox"/>	Any other insurance with this company or being submitted?
<input type="checkbox"/>	<input type="checkbox"/>	Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Not applicable in MO
<input type="checkbox"/>	<input type="checkbox"/>	Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?
<input type="checkbox"/>	<input type="checkbox"/>	During the last ten years, has any applicant been convicted of any degree of the crime of arson? (in RI, any applicant for property insurance must answer this question. Failure to disclose the existence of arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).
<input type="checkbox"/>	<input type="checkbox"/>	Any uncorrected fire code violations?
<input type="checkbox"/>	<input type="checkbox"/>	Any bankruptcies, tax or credit liens against the applicant in the past 5 years?

List Physical addresses for ADDITIONAL LOCATIONS:

Inspection Contact

1. _____

2. _____

3. _____

4. _____

GENERAL LIABILITY APPLICATION

<u>COVERAGE</u>	<u>LIMITS</u>
Annual General Aggregate	\$ 2,000,000
Each Occurrence	\$ 1,000,000
Products and Completed Operations Aggregate	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000
Fire Damage Legal Liability	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Deductible	\$ 1,000

RATING INFORMATION

Warehouse/Terminal Payroll (if any): \$ _____

All Other Payroll \$ _____

MISCELLANEOUS UNDERWRITING INFORMATION

EXPLAIN ALL YES RESPONSES

1. Any other past or present partnerships or joint ventures that should be named? If YES, list and describe on a separate sheet.	YES	NO
2. Any medical facilities provided?	YES	NO
3. Any operations sold, acquired or discontinued in the last five years?	YES	NO
4. Any watercraft owned, hired or leased?	YES	NO
5. Any aircraft owned, hired or leased?	YES	NO
6. Do you sponsor any athletic teams?	YES	NO
7. Are you a licensed freight broker?	YES	NO
8. Do you deliver household goods/appliances that require entering the home and setting up/installing? If YES, percentage of this type of work? _____%	YES	NO
9. Do you presently have customers that require Additional Insured status and require Primary/Non-Contributory language? If yes, please provide a list of such customers.	YES	NO
10. If you are leasing your premises, does your lease contain a mutual waiver of subrogation? If you are not sure, please send a copy of the lease.	YES	NO
11. Do you utilize a Professional Employment Organization/Employee Leasing Company?	YES	NO

Explain any YES answers: _____

GENERAL LIABILITY APPLICATION

UMBRELLA/EXCESS LIABILITY REQUESTED? **YES** **NO** **Limit** _____
(\$1,000,000 minimum. Higher limits are available.)

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

Name and Address

Issue Certificate?

Name and Address

Issue Certificate?

Name and Address

Issue Certificate?

Signature

Date