

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

MC/ 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**

BUSINESS NON-OWNED/HIRED CONTINGENT AUTO APPLICATION

Requirement for Non Owned and Hired /Contingent Auto program:

- Third party Truckers you contract to move freight must have limits in place equal to or greater than those reflected below.
- A sample copy of your broker carrier agreement confirming minimum limits must be provided.

LIABILITY

COVERAGE

LIMITS REQUESTED

Bodily Injury/Property Damage Liability

\$ 1,000,000

If alternative limit is request confirm here:

1. ICC Docket Number/MC Number:

2. Number of years in business? _____

3. What limits are Third Party Truckers required to carry when?

Bodily Injury Per Person? _____

Bodily Injury Per Accident? _____

Property Damage Per Accident? _____

Or Confirm;

Combined Single Limit _____

Attached sample copy of Accord Certificate you require from Truckers

4. How many Loads Brokered Current Year?

5. How many Loads Brokered prior year?

6. How many Loads are projected (forthcoming year)?

7. In Past Three Years Have you Been Named in a Law Suit? YES NO

8. Provide explanation and details on nature of law suit and outcome?

9. In past five years has any commercial auto claims been paid out as result of third party trucker being involved in an accident? YES NO

10. Provide details of any claims paid or current outstanding?

11. Requested effective date?

Contingent Auto Check List Confirm the following?

1. You have on file name, address, phone number, fax and e-mail of each trucker you contract to move freight? YES NO

2. You have on file Name, address ad phone number of the ICC Trucking Company to whom the truck is leased? YES NO

3. You have on file Name and position of employee of ICC trucking Company who authorized the trucker to take the load? YES NO

4. You have on file Accord Certificate for each trucker you hire to move freight? YES NO

5. You check on FMCSA ' SAFER'' Web Site to confirm Authority of trucker and insurance is in place prior to releasing cargo for shipment? YES NO

6. You have on file name of the insured to whom the automobile liability policy is issued? YES NO

7. Require 2 or more years driving experience in U.S.?	YES	NO
8. You have on file effective and expiration dates of the automobile policy in effect for third party trucker you contract to move cargo?	YES	NO
9. You have on file Name, address and telephone number of insurance agent providing automobile liability insurance for third party trucker you use to move freight?	YES	NO

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
- Understand to a reasonable degree the coverages we're being asked to quote and have inquired about other coverages/exposures outlined and have elected not to seek specific coverage.

Please understand that we will only be able to offer you a quotation when all applicable sections of the application are completed and signed, and any additional requested items are received.

By (print name): _____ **Date:** _____

Signature: _____

Title: _____

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."
