



2613 Manhattan Beach Blvd., Suite 200
 Redondo Beach, CA. 90278
 Phone: 310.379.9660 Toll Free: 888.910.4747 Fax: 310.374.2431
 Email: salesinformation@logistiqins.com
 Web: LOGISTIQIns.com License: 0101602



BROKER SHIELD INSURANCE PROGRAM CONTINGENT AUTO LIABILITY APPLICATION

GENERAL INFORMATION										
Full Legal Name:					DBA (if any):					
Contact Name/Title:					Email:					
Physical Address:				City:		State:		Zip:		
Mailing Address:				City:		State:		Zip:		
Phone Number:			Fax Number:			Website:				
Years in Business:		<input type="checkbox"/> Corporation, State of:			<input type="checkbox"/> LLC		<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual	<input type="checkbox"/> Other:
Federal Tax ID or SS#:		Publicly held Corp: <input type="checkbox"/> Yes <input type="checkbox"/> No			Annual Payroll: \$		#Employees:			
Number of Additional Locations:			List other Named Insured:							
Describe the nature of the business:										
Would you like your quote to include Errors and Omissions coverage?					<input type="checkbox"/> Yes <input type="checkbox"/> No					
GROSS FREIGHT RECEIPTS				Dates			Total Receipts			
Next 12 months (estimate future year)							\$			
Last 12 months (last year)							\$			
Prior year 12 months (2 years back)							\$			
OPERATING AUTHORITY						Explanation				
Are you a Domestic Freight Broker?		<input type="checkbox"/> Yes <input type="checkbox"/> No		M/C #		Are you a Motor Truck Carrier?		<input type="checkbox"/> Yes <input type="checkbox"/> No		M/C #
Is your Freight Broker authority in its own separate entity or corporation?						<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a Domestic Freight Forwarder?				<input type="checkbox"/> Yes <input type="checkbox"/> No		F/F #				
Do you have any other Authorities?				<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you a member of any professional organization(s)?				<input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have any signed contracts with Shippers that alter the extent of your liability? (yes please provide copies of contracts)								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a Broker Carrier Agreement (contract with Truckers)? If yes, please provide copy of agreement								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you contract Motor Carriers with Intra State Authority Exclusively?								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use any service companies for vetting Truckers?								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you contract Motor Carries with Common Carrier or Contract Carrier Authority?								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confirm percentage of Freight moved that is FTL (Full Truck Load)						%				
Confirm percentage of Freight moved that is LTL (Less than Full Load)						%				
CURRENT COVERAGE		Current Carrier				Premium		Expiration Date		
General Liability						\$				
Contingent Auto Liability						\$				
Contingent Cargo						\$				
Workers' Compensation						\$				
Umbrella						\$				
Other (list)						\$				

Please provide copies of the above policies to support our risk management audit and our quotation/proposal for you. Please provide hard copy "loss runs" for all lines of coverage being quoted for the last five years (current year, plus four previous). If no coverage has been in effect, please indicate any known losses in the claim section under the appropriate line of coverage.



CONTINGENT AUTO LIABILITY			
Coverage	Limit	Alternate Limit Requested (if any)	
Bodily Injury/Property Damage Liability:	\$ 1,000,000.	\$	
Number of Truckers used last year:		Number of Truckers used this year:	
What limits are third party Truckers required to carry:	\$		
Bodily Injury per person:	\$	Bodily injury per accident:	\$
Property damage per accident:	\$	Or confirm the combined single limit:	\$
How many loads brokered current year:		How many loads brokered prior year:	
How many loads projected for the future year:			
CLAIMS HISTORY			
Have you had any Auto Liability claims paid on your behalf in the past five years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past five years have you been named in a law suit relating to an Auto Liability Claim?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, provide explanation and details of nature of the claim or law suit and the outcome:			
In the past five years have any Auto claims been paid out as a result of third party truckers being involved in an accident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:			
Have you been forced to make settlement on any claim when you were unsuccessful in collecting from a Carrier/Trucker/Insurer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, provide details:			
There may be additional financial risk your company may face, please indicate if you would like more information on the following policies:			
Contingent Cargo?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property & Casualty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	General Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMC-84	<input type="checkbox"/> Yes <input type="checkbox"/> No	Directors & Officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide any additional comments:			

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

By signing below you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed and any additional requested items are received.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: Substantial) civil penalties. (not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject person to criminal and civil penalties.

In the Washington, it is a crime to knowingly provide false, incomplete information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Name: _____

Title: _____ **Date:** _____

Signature of Applicant: _____