

In addition to the application below, we will need the following items in order to secure formal terms:

- Sample Broker Carrier Agreement currently utilized by the applicant
- List of Motor Carriers with DOT#s in Excel format
- Any shipper contract that requires an additional coverage or language (including Additional Insureds)
- CV / Resume of principals for any risk in business for fewer than 1 year
- 5 years loss runs valued within 60 days of inception

| Agency Information | |
|--------------------|----------------|
| Submitting Agency | Contact Person |

| General Information | | |
|------------------------|--|---------|
| Policy Period Desired | / | Phone # |
| Applicant Name | | Fax # |
| Doing Business As | | E-mail |
| Mailing Address | | Website |
| Physical Address | | Contact |
| Insured is: | <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: | |
| # of Years in Business | DOT# | MC# |

| Freight Broker Coverage Requested | | |
|--|-----------------|------------|
| <input type="checkbox"/> Contingent Automobile Liability | Limit Requested | Aggregate |
| <input type="checkbox"/> General Liability | Limit Requested | |
| <input type="checkbox"/> Professional Liability / E&O | Limit Requested | Aggregate |
| <input type="checkbox"/> Cargo Defense Legal Liability | Limit Requested | Deductible |
| <input type="checkbox"/> Contingent Cargo Liability | | |
| <input type="checkbox"/> Refrigerated Contingent Cargo Liability | | |

| Risk Profile | |
|---|--|
| Please provide a full description of all brokered commodities. (Be specific, no "FAK", "General Commodities," etc.) | |
| | |
| | |
| Do you have any operations outside of the United States and Canada? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," please describe | |
| | |
| Do you have any shared ownership or financial interest in any specific motor carriers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," please provide DOT#(s) | |
| | |
| Do you ever broker loads to a trucking company affiliated with your Freight Brokerage operation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," what % of total revenue | |
| | |

| Broker Carrier Agreement & Operations Review | | |
|---|--|--|
| Do you annually review & maintain a record of each of the following: | Broker Carrier Agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Motor Carrier's Operating Authority | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Certificate of Insurance for all LOB | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you receive a written broker carrier agreement with all carriers prior to their being able to being provided a load? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you utilize the Transportation Intermediaries Association (TIA) Broker Agreement language? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "No," to the above | Does your agreement require the carrier to haul under their own authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Does your agreement prohibit double brokering? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Does your agreement require full indemnification from the carrier for loss, irrespective of whether there is insurance in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Does your agreement require the carrier to have a bill of lading in the carrier's name, as required by DOT, and not solely in the broker's name? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you require the carrier to maintain an active authority and exclude any carrier with an Unsatisfactory rating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Contingent Auto Liability | | |
|---|---|--|
| If utilizing Interstate Carriers | Do you reject carriers with 2 or more SMS BASIC alerts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you reject carriers with auto liability limits less than \$1,000,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you reject carriers with an insurer rated below an A- per A.M. Best? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If utilizing Intrastate Carriers | Do you require carriers name you as an Add'l Insured and request a COI? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you verify claims information, documented by hard copy loss runs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you reject drivers who have had liability claims? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you require drivers to be at least 23 years of age with 2 or more years of experience? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If brokering HazMat loads | Do you verify the financial responsibility limits as mandated by the FMCSA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Does your agreement require the carrier to have Sudden & Accidental Pollution Coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you verify adequate limits for HazMat Goods and CA9948 by reviewing the COI? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | What hazardous commodities are being hauled? | |
| | | |
| If brokering oversize/weight | What percentage of total loads are in this category? | |
| | How do you verify experience handling this freight? | |
| | | |
| Do you utilize risk management software like SAFERWATCH or a third party service that monitors your carriers? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If "Yes," what is the name of this service/party? | |
| Do you require a rate sheet that mandates that you, as a broker, do not sanction any FMCSA violations in the acceptance of a load? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If your current broker carrier agreement does not have language mandated by the insurance company, would you be willing to amend your language for all future agreements? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Contingent Cargo | | | | | |
|--|---|-----------|-----------|---------|--|
| Answer the following ONLY IF one of the Contingent Cargo products is requested | | | | | |
| Do you arrange shipments for any of the following commodities? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acetylene, Acids, Alcoholic Beverages, Ammunition, Boats, Clothing , Copper, Cotton, Electronics, Explosives, Fresh Seafood, Furs, Household Goods, Ivory, Jade, Jewelry, Liquid Petroleum, Live Poultry, Livestock, Machinery, Mobile Homes, Motor Vehicles, Narcotics, Oriental Rugs, Pharmaceuticals, Portable Buildings, Precious Metals, Swinging Beef, Tires, Tobacco, Tobacco Products, Watches | | | | | |
| If "Yes," please state the commodity, anticipated number of total loads and anticipated percentage of total revenue: | | | | | |
| Commodity | # Loads | % Revenue | Commodity | # Loads | % Revenue |
| | | | | | |
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| | | | | | |
| What is the minimum cargo limit required under your broker carrier agreement? | | | | | |
| Does your broker carrier agreement require a locked or unattended vehicle warranty? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your broker carrier agreement require all cargo coverage to be written on a broad form? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If brokering refrigerated commodities | Do you confirm carriers have refrigeration units serviced per mfg requirements? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require carriers to maintain refrigeration breakdown coverage? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What percentage of total brokered loads is for refrigerated commodities? | | | | | |

| Professional & General Liability | | |
|---|--|--|
| Answer the following ONLY IF Professional Liability or General Liability are requested | | |
| Has your operation been subject to any regulatory or governmental proceedings or fines? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "Yes," please explain | | |
| What is the square footage of your operations? | Do you own the property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you broker out of your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you share the location with another party? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes," who is their insurance company? |
| Do you broker loads to or from job sites | <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes," what commodities? |

| Loss and Exposure History | |
|--|--|
| Have you had any losses for any of the coverages requested in this application in the prior 5 years? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "Yes," were all losses covered by the primary insurance? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "No," describe all losses (including cause, line of business and amount incurred) | |
| | |
| In the past 5 years, have you ever had insurance cancelled, declined or the policy renewal refused? (Question not applicable in Missouri) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "Yes," explain: | |
| | |

| Loss and Exposure History Cont. | | | | |
|--|-----------------------|---------|------------|-----------------------|
| Revenue | Projected | | # of Loads | Projected |
| | Current Year | | | Current Year |
| | 1 st Prior | | | 1 st Prior |
| | 2 nd Prior | | | 2 nd Prior |
| Prior Year History | | Insurer | Limit | Premium |
| Truck Broker / Contingent Auto Liability | | | | |
| Contingent Cargo | | | | |
| Professional Liability / E&O | | | | |
| General Liability | | | | |

| Additional Insureds & Waivers of Subrogation | | |
|--|------|---------|
| Type (AI, WOS) | Name | Address |
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GENERAL FRAUD STATEMENT
(Not applicable in the states mentioned below where a specific warning applies.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statements 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, and may be subject to a civil penalty or fine.

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio

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.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties

Maine, Tennessee, Virginia, Washington

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

Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspection by the Insurance Company

 Applicant's Printed Name

 Applicant's Signature

 Date

 Agent's or Broker's Printed Name

 Agent or Broker's Signature

 Date

License Number: _____