AMWINS®

NATIONAL TRANSPORTATION UNDERWRITERS

NOTICE TO APPLICANT

This questionnaire documents operational practices, carrier selection procedures, cargo security protocols, and due diligence standards. Responses must be complete and accurate and will be relied upon for underwriting and legal purposes, including negligent hiring and broker liability exposure.

Important Disclosure

The Applicant acts solely as a freight broker and does not control, supervise, direct, or manage the operations, personnel, or equipment of any motor carrier. All transportation services are performed by independent motor carriers who retain exclusive control over their drivers, routes, safety practices, and operations.

The Applicant's carrier vetting, selection, and monitoring activities are undertaken solely for risk management and due diligence purposes and shall not be construed as control, supervision, or direction of any motor carrier or drive.

The Applicant does not own or operate warehousing facilities and does not take possession of cargo; any such services are performed by independent third parties

Freight Broker Risk & Due Diligence Questionnaire

Underwriting Application Form

SECTION 1 — COMPANY INFORMATION

Legal Company Name*: _____

DBA: _____

Physical Address*:

_____

Mailing Address*:

_____

Primary Contact Name: _____

Company Email*: _____

Title / Role: _____

SECTION 2 — LICENSING & AUTHORITY

MC Number*: _____ **DOT Number:** _____ **Years in Business*:** _____

Authority Type: ☐ Broker ☐ Domestic Freight Forwarder ☐ Motor Carrier ☐ Other

Do you have any operations outside of the United States and Canada? ☐ Yes ☐ No

Do you have any shared ownership or financial interest in any specific motor carriers?
☐ Yes ☐ No **If "Yes," please provide DOT#(s)** _____

Do you ever broker loads to a trucking company affiliated with your Freight Brokerage operation? ☐ Yes ☐ No **If yes, what % of total revenue:** _____

The Applicant will not obtain or use additional authority without prior written notice to the Insurer.

SECTION 3 — OPERATIONS

Equipment Types: ☐ Dry Van ☐ Flatbed ☐ Reefer ☐ Step Deck ☐ Lowboy
☐ RGN ☐ Tanker ☐ Intermodal ☐ Hotshot ☐ Power Only ☐ Oversized
☐ Box Truck ☐ Sprinter/Cargo Van
☐ Other _____

Primary Commodity Types: ☐ General Freight ☐ Food & Beverage ☐ Building Materials
☐ Industrial ☐ Agricultural ☐ Hazmat ☐ Vehicles ☐ Electronics ☐ Retail
☐ Pharmaceuticals ☐ Heavy Machinery (oversize / overweight) ☐ Lumber ☐ Non-ferrous metals (e.g. copper, aluminum) ☐ Paper ☐ Solar Panels ☐ Meats ☐ Seafood
☐ Liquor/spirits ☐ Tobacco ☐ Designer/Luxury goods
☐ Other _____

Top 5 States loads are moving through:

_____

Top 5 route corridors:

_____

Average Loads per Month: _____ **Average Load Value:** _____

% of LTL Loads _____ **% of FCL Loads** _____

% of Interstate Loads _____ **% of Intrastate Loads** _____

Does Carrier have Hazmat Authority? ☐ Yes ☐ No

SECTION 4 — CARRIER VETTING & ELIGIBILITY

Do you utilize a carrier vetting and monitoring platform (e.g. Highway, RMIS, Carrier411)?

☐ Yes ☐ No

Carrier Vetting Methods (select all that apply): ☐ FMCSA SAFER ☐ Carrier411 ☐ RMIS
☐ Highway ☐ Third-party provider ☐ Internal processes ☐ None
☐ Other (please specify): _____

Screening Criteria

(If using a vetting platform, confirm system coverage. If not, confirm internal review.)

☐ FMCSA SAFER profile ☐ Safety rating ☐ Crash history
☐ Regulatory maintenance/inspection records ☐ Out-of-service percentages
☐ CSA/BASIC scores ☐ Insurance filings ☐ Operating authority status
☐ History of revoked, suspended, or inactive authority

Approval & Governance

Do you maintain a formal written carrier selection and vetting policy: ☐ Yes ☐ No

Who is authorized to approve new motor carriers?

☐ Central compliance/risk team ☐ Individual broker ☐ Operations staff
☐ Other (please specify): _____

Are exceptions to standard carrier approval criteria permitted? ☐ Yes ☐ No

Are exceptions subject to documented approval? ☐ Yes ☐ No

Carrier Eligibility Criteria

Do you maintain internal eligibility criteria excluding carrier with any of the following:

☐ Unsatisfactory FMCSA rating ☐ Conditional FMCSA rating
☐ Revoked or inactive authority ☐ Lapsed insurance
☐ Less than _____ months of operating history

Minimum operation history required: _____ months

Monitoring & Verification

Do you obtain a certificate of insurance evidencing coverage for the duration of each shipment? ☐ Yes ☐ No

Re-vetting frequency: ☐ Per load ☐ Monthly ☐ Quarterly ☐ Annually

Carrier Usage Profile (% must total 100%)

Broker Carrier Agreement in place with carriers: _____%

Broker Carrier Agreement not in place with carriers: _____%

Spot market / load board carriers: _____%

First-time carriers: _____%

Does the Insured issues Bill Of Lading's: ☐ Yes ☐ No

% of co-brokered loads: _____

Record Retention

Record retention period: ☐ <1 ☐ 1–3 ☐ 3–5 ☐ 5+ years

SECTION 5 — CONTINGENT CARGO LIABILITY

Do you ever accept responsibility beyond the motor carrier's primary cargo insurance?

☐ Yes ☐ No

% of loads > $100,000: _____ **% of loads > $250,000:** _____

% of loads > $500,000: _____

Excluded / Restricted Commodities

Do you exclude or restrict certain commodities due to theft or loss severity?

☐ Yes ☐ No

If yes, specify: _____

SECTION 6 — CARGO THEFT & SECURITY

Verification & Controls

Do you require motor carriers and/or shippers to implement identity verification procedures at pickup and/or delivery? ☐ Yes ☐ No

Geographic / Behavioral Monitoring

Do you utilize tools or platforms (e.g. GenLogs, LoadLock or similar) that provide passive data on a carrier's historical geographic activity or operating patterns?

☐ Yes ☐ No

If yes, please specify:

_____

Tracking & Visibility

Tracking platforms used (for shipment visibility purposes only):

_____

High-Value Load Management

High-Value Load Threshold ($): _____

Do you have high-value load risk management procedures in place (limited to carrier selection and shipment security protocols)? ☐ Yes ☐ No

Written cargo security policy: ☐ Yes ☐ No

SECTION 7 — INSURANCE

Current Insurance Carrier Name*: _____

Requested Contingent Cargo Liability Limit ($): _____

Requested Freight Broker Liability Limit ($): _____

Requested Errors & Omissions Liability Limit ($): _____

Requested General Liability Limit ($): _____

SECTION 8A — EXCESS INSURANCE REQUIREMENTS

Requested Limit ($) and Coverage: _____

Will you be seeking excess insurance above any limits provided by Beazley? *

☐ Yes ☐ No

If yes, provide full details of structure: _____

SECTION 9 — FINANCIAL PROFILE & REVENUE

Past Revenue (last 12 months): _____

Projected Gross Freight Revenue (forthcoming 12 months): _____

SECTION 10 — CARRIER PANEL & USAGE

Active carriers (12 months): _____

% new carriers (<90 days): _____

Load boards used: ☐ DAT ☐ Truckstop ☐ Other ☐ None

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 ansc 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.

SECTION 11 — CERTIFICATION

I certify the information is true and complete and understand reliance upon it.

Effective Date: _____

Insured Signature*: _____

Title*: _____

Date*: _____

Agent's Signature*: _____

Date*: _____

Agent License #: _____