

# ATU Freight Brokerage Application

*Freight Broker Auto Liability – Contingent Cargo – General Liability – Professional Liability*

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

Risk Profile
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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?**  Yes  No

If "Yes," please describe

**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 %

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## Broker Carrier Agreement & Operations Review

- Do you annually review & maintain a record of each of the following:**
- Broker Carrier Agreement  Yes  No
  - Motor Carrier's Operating Authority  Yes  No
  - Certificate of Insurance for all LOB  Yes  No
- Do you receive a written broker carrier agreement with all carriers prior to their being able to be provided a load?**  Yes  No
- Do you utilize the Transportation Intermediaries Association (TIA) Broker Agreement language?**  Yes  No

## Freight Broker Auto Liability

- If brokering HazMat Loads**      What percentage of total loads are in the category? %
- If brokering oversize/weight**      What percentage of total loads are in this category? %
- Do you utilize risk management software like SAFERWATCH or a third-party service that monitors your carriers?**  Yes  No
- If "Yes," what is the name of this service/party?

## 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?  Yes  No

**Acetylene, Acids, Ammunition, Beef, Boats, Copper, Cotton, Designer/Name Brand Clothing, Electronics, Explosives, Fresh Seafood, Furs, Household Goods, Ivory, Jade, Liquid Petroleum, Liquor, Live Poultry, Livestock, Machinery, Mobile Homes, Motor Vehicles, Narcotics, Oriental Rugs, Other Meats, Pharmaceuticals, Portable Buildings, Pork, Processed Poultry, 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
		%			%
		%			%
		%			%

**If brokering refrigerated commodities:**      **What percentage of total brokered loads is for refrigerated commodities?** %

## Loss History

Have you had any losses for any of the coverages requested in this application in the prior 5 years?  Yes  No

If "Yes," were all losses covered by the primary insurance?  Yes  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)  Yes  No

If "Yes," explain:

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Exposure History Cont.				
<b>Revenue</b>	Projected		<b># of Loads</b>	Projected
	Current Year			Current Year
	1 <sup>st</sup> Prior			1 <sup>st</sup> Prior
	2 <sup>nd</sup> Prior			2 <sup>nd</sup> 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.

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**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 inspected by the Insurance Company

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Applicant's Printed Name

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Applicant's Signature

Date

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Agent's or Broker's Printed Name

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Agent or Broker's Signature

Date

License Number: \_\_\_\_\_