

1. GENERAL

Applicant:

Mailing Address:

Years in Business:

Number of Employees:

Website:

Operations/Services

Total Gross Revenues:

(provide % of overall revenues for each operation below)

Freight Broker: %

Motor Carrier: %

Freight Forwarder: %

Warehouse: %

NVOCC: %

Customs Broker: %

IAC: %

Courier/Last Mile: %

2. CARGO LIABILITIES

Commodities Handled *(provide % of overall shipments of each commodity below)*

General Merchandise: %

Pharmaceuticals: %

Temperature Sensitive Goods, not including Pharmaceuticals: %

Personal Electronics, Cellphones, Laptops, Servers: %

Project Cargo/Oversize: %

Flatbed Freight: %

Lithium-Ion Batteries, Solar Panels, Tires: %

Household Goods and Personal Effects: %

Geographic Areas Served *(provide % of overall shipments going to/from each area)*

Within US and Canada: %

Europe: %

Mexico: %

Asia: %

South America: %

Russia: %

Africa: %

Middle East: %

Does applicant arrange for shipments under their own bill of lading? *If yes, please provide copies of all in-house bills of lading.*

Yes
No

Does applicant have customer-specific contracts or contracts where they have agreed to increased or altered liability? *If yes, please provide copies of all these contracts. Coverage is excluded for any contract not reviewed and approved.*

Yes
No

Limits Requested

Air/Vessel:

Truck/Rail:

3. WAREHOUSE LEGAL LIABILITY

Warehouse Schedule of Locations (or provide a separate SOV)

Address	Square Footage	Age	Sprinklers?	Avg. Values Stored	Max. Values Stored	Limit Requested	Commodities Stored (with % of each)

Does the applicant issue a warehouse receipt or storage agreement? <i>If yes, please provide a copy.</i>	Yes No	Does the applicant have customer-specific contracts or contracts where they have agreed to increased or altered liability? <i>If yes, please provide copies of all these contracts. Coverage is excluded for any contract not reviewed and approved.</i>	Yes No
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Does the applicant handle temperature sensitive goods?	Yes No	If yes, are there back-up generators?	Yes No	Who performs maintenance on the refrigeration system?	<input type="text"/>
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4. ERRORS AND OMISSIONS

Does the applicant issue terms and conditions of service to their customers? <i>If yes, please provide a copy.</i>	Yes No
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Is the applicant currently involved in a suit, or have they been involved in a suit in the past?	Yes No	If yes, please provide details:	<input type="text"/>
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E&O Limits Requested	Per Occurrence: <input type="text"/>	Annual Aggregate: <input type="text"/>
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5. GENERAL LIABILITY

Operations/services of all Named Insureds:

First Named Insured:	<input type="text"/>	Operations:	<input type="text"/>
Named Insured:	<input type="text"/>	Operations:	<input type="text"/>
Named Insured:	<input type="text"/>	Operations:	<input type="text"/>
Named Insured:	<input type="text"/>	Operations:	<input type="text"/>
Named Insured:	<input type="text"/>	Operations:	<input type="text"/>
Named Insured:	<input type="text"/>	Operations:	<input type="text"/>
Named Insured:	<input type="text"/>	Operations:	<input type="text"/>
Named Insured:	<input type="text"/>	Operations:	<input type="text"/>

Are all Named Insureds combinable? (E.G. have shared majority ownership)	Yes No	Does the applicant perform any manufacturing, assembly, testing, or maintenance on the goods handled? (excluding kitting and packing)	Yes No
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Does the applicant perform any non-logistics activities such as software sales, consulting, etc.?	Yes No	If yes, please describe and provide revenues from these operations:	<input type="text"/>
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6. CONTINGENT AUTO LIABILITY

Describe Carrier Vetting Software(s) used:	<input type="text"/>
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Does the applicant use a Broker-Carrier Agreement, Independent Contractor agreement, or other contract with third-party transportation providers? <i>Please provide copies of all such contracts.</i>	Yes No	Does the BCA prohibit double-brokering?	Yes No
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Does the applicant have a probationary period with new carriers/drivers?	Yes	No
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Describe the process for identifying carriers/drivers with unsatisfactory performance, DOT ratings, or insurance:	<input type="text"/>
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Describe the process for restricting loads to or dropping carriers/drivers with unsatisfactory performance, DOT ratings, or insurance:	<input type="text"/>
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By signing this application, the applicant warrants to this Company that all statements made in this application are true and complete, that no material facts have been misstated in this application or concealed. Completion of this form does not bind coverage. Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act. Such an act is a crime and subjects such person to criminal and civil penalties.

Signature of Applicant:

Print Name:

Title:

Date:

Signature of Agent or Broker:

Print Name:

Date: