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BROKER SHIELD INSURANCE PROGRAM BROAD FORM CONTINGENT CARGO APPLICATION

GENERAL INFORMATI	ON												
Full Legal Name:								DBA (if any)	:				
Contact Name/Title:								Email:					
Physical Address:					City:					State:		Zip:	
Mailing Address:					City:					State:		Zip:	
Phone Number:			Fax Nun	nber:				Website:					
Years in Business:] Corporat	ion, State o	f:		LLC		Partnersh	nip	☐ Indi	vidual	Other:	
Federal Tax ID or SS#:		Public	ly held Corp	: Yes	☐ No	Ar	nnual	l Payroll:	5		#Emp	loyees:	
Describe the nature of	the business:	·				·					·		
OPERATING AUTHORI	TY						Exp	planation					
Are you a Domestic Fre	ight Broker?	Yes [No M/	'C #	Are	you a N	Moto	r Truck Carri	er?	☐ Ye	s 🗌 No	M/C#	
Is your Freight Broker a	uthority in its ow	n separate	entity or c	orporation	?			Yes No					
Are you a Domestic Fre	ight Forwarder?			☐ Ye	s 🔲 No		F/F	: #					
Do you have any other	Authorities?			☐ Ye	s 🔲 No								
Are you a member of a	ny professional o	rganizatio	n(s)?	☐ Ye	s 🔲 No								
Do you have any signed	contracts with S	hippers th	at alter the	extent of y	our liabil	ity?							Yes 🗌 No
Do you have a Broker C	arrier Agreement	(contract	with Trucke	ers)? If yes,	please p	rovide	сору	of agreeme	nt				Yes No
Do you contract Motor	Carriers with Intr	a State Au	thority Excl	usively?									Yes 🗌 No
Do you use any service	companies for ve	tting Truc	kers?										Yes 🗌 No
Do you contract Motor	Carries with Com	mon Carri	er or Contra	act Carrier	Authority	' ?							Yes 🗌 No
In all cases, is the Moto	r Carriers cargo p	olicy limit	equal to th	ne total val	ue of car	go ship	ped?	?					Yes No
Do you or the Motor Ca	arrier purchase ex	cess cargo	insurance	when the v	alue of tl	ne carg	o ex	ceeds Motor	Carr	riers limit	t?		Yes 🗌 No
Do you post shipments	on load boards?												Yes 🗌 No
Confirm percentage of	Freight moved th	at is FTL (F	ull Truck Lo	ad)				%					
Confirm percentage of	Freight moved th	at is LTL (L	ess than Fu	ll Load)				%					
For LTL Carrier, confirm	the extent of the	Carriers l	iability per	pound?				·					
Do you move freight us	ing other forms o	f transpor	tation?	Yes [No	Explain	:						
CLIENTS TO BE INSURE	D – confirm the n	ame of the	e clients to l	be insured	and the b	oreakdo	own	of the princi	oal g	oods har	ndled for	these clie	nts:
Client Name			Description	of Goods				Tota	l Gro	oss Freig	ht Receip	ts	
VALUES AND VOLUME													
Average value per dom	estic shipment an	y on truck	:	\$									
Maximum value per do		-		\$									
Average number of insu				\$									
Estimated annual gross	revenues genera	ted from i	nsured clier	nts? \$									

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GLOGINAFIIIC SCOFE COIII	ii iii pi iiicipai cities/sta	tes you move freight to	dila iroin within the o			
City		State	City			State
•			•			
Do you move freight in and o	ut of Canada?	Yes No	o you move freight in and	d out of Mex	cico?	Yes No
CLAIMS HISTORY – please pro			- /			
Have you had any Cargo claim			mpany, in the past five ve	Pars?		Yes No
Have you had cargo claims inc					5 vears which	
were not paid by the Motor C	•		carea moureu er met er	c. te past t	, , , , , , , , , , , , , , , , , , , ,	
If yes to the above, provide ex			d the outcome:			
in yes to the above, provide ex	Apianation and actails o	Thatare of the claim an	a the outcome.			
There may be additional fina	ncial risk your company	may face, please indic	ate if you would like mo	re informati	on on the foll	owing policies:
Freight Broker Auto?	Yes No	1	Property & Casualty?	Yes	☐ No	
General Liability?	Yes No		Directors & Officers?	Yes	☐ No	
Employers Practices?	Yes No	9	Surety Bonds?	Yes	☐ No	
Errors & Omissions?	Yes No		Other?	Yes	☐ No	
BMC-84	□Yes □ No					
Please provide any additional						
Please provide any additional	comments:					
Please provide any additional	comments:					
Please provide any additional APPLICANT ACKNOWLEDGEMEN By signing below you are acknow If your knowledge, and you un	comments: IT & SIGNATURE Vledging that you have co					
Please provide any additional APPLICANT ACKNOWLEDGEMEN By signing below you are acknow of your knowledge, and you un requested items are received.	IT & SIGNATURE Vedging that you have coderstand that we will on	nly be able to offer a qu	uotation when all the app	licable section	ons are comple	eted and any addition
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APPLICANT ACKNOWLEDGEMEN By signing below you are acknow of your knowledge, and you un equested items are received. Any person who knowingly and containing any materially false in nsurance act, which is a crime a	comments: IT & SIGNATURE Vedging that you have coderstand that we will on with intent to defraud afformation, or conceals find subjects the person to	any insurance company or the purpose of mislea criminal and (NY: Substa	or another person files a ding information concerni	licable section In application Ing any fact r	ons are comple n for insurance material thereto	eted and any addition or or statement of cla o, commits a fraudule
Please provide any additional APPLICANT ACKNOWLEDGEMEN By signing below you are acknown f your knowledge, and you un	comments: IT & SIGNATURE Vedging that you have coderstand that we will on with intent to defraud information, or conceals find subjects the person to urance benefits may also ing: it is a crime to providing the comment of the com	any insurance company or the purpose of mislea criminal and (NY: Substabe denied).	or another person files a ding information concernintial) civil penalties. (not a	licable section In application Ing any fact reposition	ons are comple on for insurance material theret CO, DC, FL, HI,	eted and any addition e or statement of cla o, commits a fraudule MA, NE, OH, OK, OR,
Please provide any additional APPLICANT ACKNOWLEDGEMENT BY Signing below you are acknown for your knowledge, and you un equested items are received. The person who knowingly and ontaining any materially false in the provided in the provided for the provided in the provided for	with intent to defraud afformation, or conceals for day subjects the person to urance benefits may also ling: it is a crime to provide comment and/or fines.	any insurance company or the purpose of mislea criminal and (NY: Substabe denied). de false or misleading infiniure, defraud or deceiv	or another person files a ding information concernintial) civil penalties. (not a cormation to an insurer for	licable section application application any fact rapplicable in the purpose	ons are comple on for insurance material theret CO, DC, FL, HI, of defrauding	e or statement of cla o, commits a fraudule MA, NE, OH, OK, OR, the insurer or any oth
Please provide any additional APPLICANT ACKNOWLEDGEMENT By signing below you are acknown of your knowledge, and you un equested items are received. Any person who knowingly and containing any materially false in insurance act, which is a crime alor WA; in LA, ME, TN and VA, insomether than the District of Columbia, warm person. Penalties include imprison Florida, any person who known complete, or misleading information Massachusetts, Nebraska, Ore application for insurance or states.	with intent to defraud information, or conceals find subjects the person to urance benefits may also ing: it is a crime to provide onment and/or fines.	any insurance company or the purpose of mislea criminal and (NY: Substabe denied). de false or misleading infinjure, defraud or deceiv of the third degree. person who knowingly and any materially false in	or another person files a ding information concernintial) civil penalties. (not a cormation to an insurer for e any insurer files a statement with intent to defraud formation, or conceals for	in application in application in application in applicable in the purpose ment of claim any insurance the purpose	ons are completed in for insurance material thereto CO, DC, FL, HI, of defrauding or an application of misleading or of misleading	e or statement of cla o, commits a fraudule MA, NE, OH, OK, OR, the insurer or any oth ion containing any fal another person files information concerni
Please provide any additional APPLICANT ACKNOWLEDGEMENT By signing below you are acknown of your knowledge, and you undequested items are received. Any person who knowingly and containing any materially false in the District of Columbia, warn person. Penalties include imprison the District of Columbia, warn person. Penalties include imprison the Massachusetts, Nebraska, Orangplication for insurance or stating fact material thereto, may be in the Washington, it is a crime	with intent to defraud afformation, or conceals find subjects the person to urance benefits may also ing: it is a crime to provide onment and/or fines. Vingly and with intent to ination is guilt of a felony egon and Vermont, any pement of claim containing committing a fraudulente to knowingly provide factors.	any insurance company or the purpose of mislea criminal and (NY: Substable denied). de false or misleading infinity, defraud or deceiv of the third degree. Derson who knowingly and any materially false in this insurance act, which malase, incomplete informal	or another person files a ding information concernintial) civil penalties. (not a commation to an insurer for e any insurer files a statement with intent to defraud formation, or conceals for ay be a crime and may subject to a commation or and may subject to a commation or and may subject to a commation.	in application in application in applicable in the purpose ment of claim any insurance the purpose ect person to	ons are completed in for insurance material thereto CO, DC, FL, HI, of defrauding or an application of misleading or criminal and company or co	e or statement of cla o, commits a fraudule MA, NE, OH, OK, OR, the insurer or any oth ion containing any fal another person files information concerni-
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Signature of Applicant: