



APPLICATION FOR TRUCK BROKER INSURANCE

I. Applicant

Proposed Effective Date: _____

Applicant Name: _____

Street Address: _____

Mailing Address: _____

Applicant Phone: _____ Email: _____ Website _____

Years in Business: _____ MC # _____ DOT # _____

Applicant operates Truck Broker only Trucking Co & Truck Broker Other

Are you engaged in any business other than Truck Brokerage or Trucking? Yes No

Are you controlled by, owned by, or affiliated with any other business? Yes No

If yes to either question, describe: _____

Does the insured ever broker loads to a trucking company controlled by, owned by, or an affiliated trucking carrier? Yes No

If affiliated with a trucking company, are the trucking co. and brokerage separate business entities? Yes No

Provide percentage of revenue between: Brokerage _____ % Trucking _____ %

Do the trucking company and brokerage have separate addresses and phone numbers? Yes No

II. Exposure History

Table with 4 columns: Last Year, Current Year, Next Year. Rows: \$ Revenue, # of Loads.

Percentage of loads brokered: (by Carrier) 10+ units, 3-10 units, 1-2 units

Commodities Brokered (be specific) _____

Do you specialize in brokering any specific type(s) of cargo? Yes No

If yes, list: _____

Do you broker Hazardous Materials? (red label cargo) Yes No

If yes, Haz Mat annual revenue? \$ _____ Limits required? \$ _____

If yes, list Haz Mat commodities: _____

Do you require a certificate of insurance (CA 9948) for sudden & accidental pollution coverage? Yes No

APPLICATION FOR TRUCK BROKER INSURANCE

III. Insurance Coverage and Limits and Deductibles

| Coverage | Limits | Deductible |
|--|--|--|
| 1. <input type="checkbox"/> Truck Broker Liability | <input type="checkbox"/> \$1MM <input type="checkbox"/> Other _____ | <input type="checkbox"/> None <input type="checkbox"/> \$50k SIR |
| 2. <input type="checkbox"/> Contingent Auto Liability | <input type="checkbox"/> \$1MM/1MM <input type="checkbox"/> \$1MM/2MM | <input type="checkbox"/> None |
| 3. <input type="checkbox"/> Contingent Cargo | <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> Other | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 |
| a. <input type="checkbox"/> Refrigeration Breakdown | | <input type="checkbox"/> \$2,500 min. <input type="checkbox"/> \$5,000 |
| b. <input type="checkbox"/> Coverage Extensions (<i>identity theft, errors & omissions, earned freight, spoilage w/sub-limits</i>) | | |
| 4. <input type="checkbox"/> Professional Liability | <input type="checkbox"/> \$100k <input type="checkbox"/> \$250k <input type="checkbox"/> \$500k <input type="checkbox"/> \$1MM | |
| 5. <input type="checkbox"/> General Liability | \$1MM/2MM Provide required ACORD app. Use square footage as the exposure base. | |
| 6. <input type="checkbox"/> Property & Contents | Provide required ACORD app | |

IV. Supplemental Information Required

Check if attached

- Specimen copy of contractual agreement between the truck broker (the applicant) and their motor carriers.
- Most recent complete annual financial statement.
- List of motor carriers and MC #'s. (Excel spreadsheet preferred with number of loads and revenue)
- Please attach copies of contracts with shippers which require additional insureds and/or loss payees.

V. Current Insurance & Claims

| | Contingent or Truck Broker Liability | Contingent Cargo | Professional Liability | General Liability | Property and Contents Coverage |
|---------|--------------------------------------|------------------|------------------------|-------------------|--------------------------------|
| Carrier | _____ | _____ | _____ | _____ | _____ |
| Premium | _____ | _____ | _____ | _____ | _____ |
| Rate | _____ | _____ | _____ | _____ | _____ |

For the coverage requested, have you had any claims in the last 5 years? *If yes, provide loss runs.* Yes No
 If yes, have all losses been covered by insurance? Yes No
 If no, list the date of loss, type of loss, amount paid or reserved:

Are you aware of any potential claims that have not been reported? Yes No
 If yes, describe: _____

Has any insurer cancelled, non-renewed, or declined any similar insurance for you in the past 3 years? Yes No
 If yes, describe: _____

APPLICATION FOR TRUCK BROKER INSURANCE

VI. Risk Management

- 1. Confirm you are not aware of any pending or completed governmental regulatory proceedings against you. Yes No
- 2. Do you have a written broker-carrier agreement with all carriers without exception? Yes No
 - a. Does it require the motor carrier to haul loads under their own authority? Yes No
 - b. Does it stipulate double brokering is prohibited? Yes No
 - c. Does it require the carrier to indemnify and hold you harmless for their negligence? Yes No
- 3. Do you reject all motor carriers with Conditional or Unsatisfactory DOT ratings? Yes No
- 4. Do you reject motor carriers with more than 1 BASIC score over national average? Yes No
- 5. Do you and your dispatchers use only authorized and pre-qualified motor carriers? Yes No
- 6. Do you confirm the motor carrier is listed on the bill of lading as the "carrier?" Yes No
- 7. Does your rate sheet state that transport will not require hours of service violations? Yes No
- 8. Are special handling instructions clearly identified as from the shipper, not the broker? Yes No
- 9. Confirm you do not have any ownership interest in cargo being hauled. Yes No
- 10. If the carrier is required to notify you during transit, is it only for updates, not control? Yes No
- 11. Confirm you never fine or deduct penalties from payments to carriers? Yes No
- 12. Do you require motor carriers to have insurance with insurers rated A- or better? Yes No
- 13. Do you require certificates of insurance from all carriers at 1MM CSL for Auto Liability? Yes No
- 14. Do you require your motor carrier's insurer to provide a waiver of subrogation? Yes No
- 15. Do you keep a file updated each year for EVERY motor carrier utilized which contains the following information:
 - a. Motor Carrier's FMCSA operating authority? Yes No
 - b. Motor Carrier's FMCSA insurance filings? Yes No
 - c. Motor Carrier's FMCSA safety rating? Yes No
 - d. Motor Carrier's FMCSA BASIC scores? Yes No
 - e. Copy of the broker-carrier agreement? Yes No
 - f. Copy of the certificate of insurance or copies of applicable insurance policies? Yes No
- 16. Do you monitor your carriers' files using an automated service like SaferWatch? Yes No
If yes, which service(s) do you use?

- 17. Do you keep files on motor carriers that were rejected during the qualification process? Yes No
- 18. If it helps you reduce your risk of claims, are you willing to adopt risk management Best Practices as suggested by your insurer(s)? Yes No

Please provide additional information to any questions that were answered with a "no" response by citing the questions number with the explanation.

APPLICATION FOR TRUCK BROKER INSURANCE

VII. Contingent Cargo *only if applicable*

Do you arrange shipments of any of the following? Yes No If yes, provide the estimated number of annual loads and revenue.

| | #Loads | Rev% | | #Loads | Rev% |
|------------------------|--------|-------|--------------------|--------|-------|
| Acetylene or Acids | _____ | _____ | Live Poultry | _____ | _____ |
| Alcoholic Beverages | _____ | _____ | Livestock | _____ | _____ |
| Ammunition | _____ | _____ | Machinery | _____ | _____ |
| Boats | _____ | _____ | Mobile Homes | _____ | _____ |
| Clothing | _____ | _____ | Motor Vehicles | _____ | _____ |
| Copper | _____ | _____ | Narcotics | _____ | _____ |
| Cotton | _____ | _____ | Oriental Rugs | _____ | _____ |
| Electronics | _____ | _____ | Pharmaceuticals | _____ | _____ |
| Explosives | _____ | _____ | Portable Buildings | _____ | _____ |
| Fresh Seafood | _____ | _____ | Precious Metals | _____ | _____ |
| Furs | _____ | _____ | Swinging Beef | _____ | _____ |
| Household Goods | _____ | _____ | Tires | _____ | _____ |
| Ivory or Jade Goods | _____ | _____ | Tobacco | _____ | _____ |
| Jewelry | _____ | _____ | Tobacco Products | _____ | _____ |
| Liquid Petroleum Prod. | _____ | _____ | Watches | _____ | _____ |

If no information is provided, please reconfirm that none of these commodities are ever shipped by the insured.

Cargo Limit Truck Broker Requires of Trucker (*insured will be required to monitor and confirm that in-force primary motor truck cargo insurance at the requested limit is in force for ALL shipments and conveyances transported by truckers for which this insurance would be contingent.*)

\$ _____

1. Does your contract require carriers to have all risk cargo insurance? Yes No
2. Does your contract require insurance without exclusion for unattended or locked vehicles? Yes No
3. Do you arrange shipments of refrigerated products? If yes, Yes No
 - a. What is the percentage of the total shipments brokered? _____ %
 - b. Do you confirm carriers have refrigeration units on a regular service contract? Yes No
 - c. Do you require carriers have refrigeration breakdown insurance coverage? Yes No
4. Do you arrange shipments of cargo hauled on flatbed trailers? If yes, Yes No
 - a. Do you require carriers to tarp all loads? Yes No
 - b. Do you require carriers have wetness, dampness, corrosion insurance coverage? Yes No

Please provide additional information to any questions that were answered with a "no" response by citing the questions number with the explanation.

APPLICATION FOR TRUCK BROKER INSURANCE

VIII. General Liability

Premises Location(s)

- 1. Principal Location as listed on Page 1 of this application _____ Square Feet
- 2. _____ Square Feet

Do you also operate a trucking business under this named insured? Yes No

If yes, list insurer, policy dates, and limits: _____

Have you had any General Liability Claims in the past 4 years? If yes, attach loss runs. Yes No

Coverage Selection *check appropriate box*

Option 1

| | |
|--|-------------|
| General Liability – Premises Only (applicant’s office) | |
| General Aggregate: | \$2,000,000 |
| Products Aggregate: | EXCLUDED |
| Each Occurrence Limit: | \$1,000,000 |
| Personal/Advertising Limit: | EXCLUDED |
| Damage to Rented Premises: | \$100,000 |
| Medical Expense Limit: | \$5,000 |

Option 2

| | |
|--|-------------|
| General Liability – No Premises Limitation | |
| General Aggregate | \$2,000,000 |
| Products Aggregate: | INCLUDED |
| Each Occurrence Limit: | \$1,000,000 |
| Personal/Advertising Limit: | INCLUDED |
| Damage to Rented Premises: | \$100,000 |
| Medical Expense Limit: | \$5,000 |

Optional General Liability Endorsements

| | | |
|--|--------------------|-------|
| Additional Insured | MEGL 0009 04 11 | _____ |
| Blanket Additional Insured | MEGL 0009 01 04 11 | _____ |
| Add’l Insured – Owners, Lessees, or Contractors | CG 2010 07 04 | _____ |
| Add’l Insured – Owners, Lessees, or Contractors - Completed Operations | CG 2037 07 04 | _____ |
| Add’l Insured – Primary & Non-Contributory | MEGL 0010 03 11 | _____ |
| Waiver of Subrogation | ME 241 04 99 | _____ |
| Blanket Waiver of Subrogation | ME 214 01 04 99 | _____ |
| Per Location Aggregate | CG 2504 05 09 | _____ |

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT THE APPLICANT, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN THE APPLICANT IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY THE INSURER OR THE INSURER’S AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT THE APPLICANT’S AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER THE APPLICANT’S ELIGIBILITY FOR INSURANCE OR THE PREMIUM THE APPLICANT WILL BE CHARGED. THE INSURER MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF THE APPLICANT’S SCORE. THE APPLICANT HAS THE RIGHT TO REVIEW THE APPLICANT’S PERSONAL INFORMATION IN THE INSURER’S FILE AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF THE APPLICANT’S RIGHTS AND THE INSURER’S PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT THE APPLICANT’S AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO THE INSURER.

Fraud Warning: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA).

APPLICATION FOR TRUCK BROKER INSURANCE

STATE FRAUD STATEMENTS – THIS NOTICE IS PART OF YOUR APPLICATION

APPLICABLE IN 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANY APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN WASHINGTON

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DERAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THIS APPLICATION CANNOT BE PROCESSED UNLESS SIGNED BY AN AUTHORIZED OFFICER OF THE APPLICANT ORGANIZATION

Warranty

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained here. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk, prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Company deems necessary in order to determine whether the Company will accept or reject applicant for coverage. The undersigned authorizes the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof. Upon written request, additional information as to the nature and scope, if one is made, will be provided.

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Name of Applicant

Signature of Applicant

Title

Date