

**A COPY OF THE MASTER BROKER-CARRIER AGREEMENT MUST BE PROVIDED WITH THIS APPLICATION**

Name of Applicant: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Website Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOT #: \_\_\_\_\_ Freight Forwarder #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

 Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender\*: ☐ M ☐ F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

 Phone Number: \_\_\_\_\_ Is the owner also a driver? ☐ Yes ☐ No

*\*Gender is required for our National Driver's Association Driver Program*

 1. Has any insurer non-renewed or cancelled insurance to the applicant, for any reason, in the past 3 years? ☐ Yes ☐ No

DATE	INSURANCE CARRIER	REASON FOR NOTICE OF CANCEL / NON-RENEWAL

 2. Limits of Liability: \$ \_\_\_\_\_ For Property in Transit \$ \_\_\_\_\_ For Property in Terminals  
 \$ \_\_\_\_\_ For Anticipated Gross Receipts \$ \_\_\_\_\_ Deductible

 a. Do you arrange for Refrigerated Shipments? ☐ Yes ☐ No

\_\_\_\_\_ % of Shipments \$ \_\_\_\_\_ Limit for Refrigerated Shipments

 b. Do you ever carry loads valued greater than the cargo insurance limit requested? ☐ Yes ☐ No

3. Please give gross receipts in respect of your trucking operations for the past 3 years.

YEAR	GROSS RECEIPTS OWN HAUL	GROSS RECEIPTS SUBCONTRACTED OUT	TOTAL GROSS RECEIPTS ALL OPERATIONS
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

4. Please list cargo by category and percentage of the total loads shipped.

TYPE OF CARGO HAULED	AVG. VALUE PER LOAD	MAX VALUE PER LOAD	% OF TOTAL LOAD
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

5. Please give details of any steps taken to secure vehicles when left unoccupied: \_\_\_\_\_

6. Do you specialize in any types of freight? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

7. Do you primarily use a specific motor carrier(s)? ☐ Yes ☐ No

NAME OF MOTOR CARRIER	YEARS OF USE	ANNUAL VOLUME
		\$
		\$
		\$

8. Do you secure a certificate of insurance from carriers prior to authorization? ☐ Yes ☐ No

9. Is the limit of cargo insurance shown on the carrier's certificate of insurance always equal to or greater than the value of the shipment? ☐ Yes ☐ No

10. Do you double broker loads? ☐ Yes ☐ No

11. Does your Broker-Carrier Agreement require full indemnification from the carrier for loss irrespective of whether there is insurance in place to pay that loss? ☐ Yes ☐ No

12. Does your Broker-Carrier Agreement require the carrier to have the bill of lading in the carrier's name as required by DOT and not in the broker's name, and do you reject any carrier that lists your brokerage on the bill of lading? ☐ Yes ☐ No

13. Do you or your dispatchers only use authorized or pre-qualified motor carriers? ☐ Yes ☐ No

14. Do you keep and annually update a file for each motor carrier utilized that contains a copy of:

a. Motor carrier's operating authority? ☐ Yes ☐ No

b. The Broker-Carrier Agreement? ☐ Yes ☐ No

c. Certificate of Insurance? ☐ Yes ☐ No

15. Do you broker freight by air, sea, or rail? ☐ Yes ☐ No

16. Do you broker only within the United States? *Mexico is prohibited.* ☐ Yes ☐ No

17. Please provide loss experience, whether insured or not, for the past 3 years.

YEAR	PAID	OUTSTANDING	DETAILS
	\$	\$	
	\$	\$	
	\$	\$	

18. Please provide prior carrier information.

CARRIER	EFFECTIVE DATE	EXPIRATION DATE	POLICY #	PREMIUM
				\$
				\$
				\$

**TRUCK INSURANCE APPLICATION SUPPLEMENT**

By signing this application, you agree that the facts stated in the application are correct and accurate. Should we issue a policy, this application shall be the basis of the contract between you and us, and shall be void if you have concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof or in any case of fraud, attempted fraud swearing by you touching upon any matter relating to this insurance or the subject thereof, whether before or after an accident or loss.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BROKER INFORMATION**

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONTINGENT CARGO LIABILITY CHECKLIST****1. Please provide name, address, and phone number for the owner and driver of the truck:**Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender\*: ☐ M ☐ F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is the owner also a driver? ☐ Yes ☐ No*\*Gender is required for our National Driver's Association Driver Program*Driver Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender\*: ☐ M ☐ F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Is the owner also a driver? ☐ Yes ☐ No*\*Gender is required for our National Driver's Association Driver Program***2. Please provide name, address, phone number, and docket number for the motor carrier in which the truck is leased to:**

Lease Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Docket Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide name of co-signed and co-signer of load:

Co-signed Name: \_\_\_\_\_

Co-Signer of Load Name: \_\_\_\_\_

**3. Please provide details of any additional interests.**☐ Additional Insured ☐ Additional Insured Blanket ☐ WOS ☐ WOS Blanket

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Additional Insured ☐ Additional Insured Blanket ☐ WOS ☐ WOS Blanket

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4. If you obtain an accord certificate of insurance from the trucker's insurance agent, please verify the following:**

YES NO

☐ ☐ Effective dates and expiration dates of the cargo policy.☐ ☐ Name on policy to whom it is issued.☐ ☐ Name, address, phone of agent trucker.☐ ☐ Date, time, and name of person(s) at insurance agency that verified and sent proof of coverage.☐ ☐ Request that you be notified if trucker's cargo policy, when and if, is in cancellation.☐ ☐ Do you ask if insurance cargo carrier is at least rated 'A' for financial stability?☐ ☐ Do you ask for an explanation for the kind of cargo being conveyed if there are exclusions, stipulations, limitations are connected to the freight you will match, broker, or forward with your trucker and what deductibles?

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended (“TRIA”), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as **defined in Section 102(1) of the Act, as amended:** The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for “acts of terrorism” shall expire at 12:00 midnight December 31, 2027, to the date on which the TRIA program is scheduled to terminate, or the expiry date of the policy whichever occurs first and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

- ☐ I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \_\_\_\_\_
- ☐ I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant’s Signature

\_\_\_\_\_  
Syndicate on behalf  
of certain underwriters at Lloyd’s

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date