



FREIGHT BROKER FORWARDER SUPPLEMENTAL APPLICATION

SECTION A: Applicant Information

1. Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

1. Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
2. Complete the table below with revenue and shipment information:
- | | Current Year | Next Year (estimated) |
|--|--|--|
| Revenue (total gross billed to shippers) | | |
| Number of Loads | | |
| Territory Served | ☐ USA ☐ Canada ☐ Other: _____ | ☐ USA ☐ Canada ☐ Other: _____ |
3. Average value of shipments (\$): _____ Highest value of any one shipment (\$): _____

SECTION C: Operations Information

1. Description of Operations:

2. Complete the table below with a breakdown of operations (total percentage must be 100%):
- | Occupation | Percentage of Gross Income (%) | Number of Transactions |
|---|--------------------------------|------------------------|
| Customs Broker | | |
| Independent Ocean Freight Forwarder (FMC) | | |
| CAB Forwarder | | |
| NVOCC | | |
| Charter Agent/Broker | | |
| Steamship Agent | | |
| Stevedore | | |
| Warehousing | | |
| IATA Agent | | |
| Consolidation/Breakbulk Agent | | |
| Property Broker | | |
| Cartage | | |
| Other (specify): _____ | | |
3. Is the Insured affiliated with any specific trucking entity/entities? ☐ Yes ☐ No
If yes, please identify the trucking operation with the information below:
Name: _____ Number of power units: _____
Address: _____ City/State/Zip: _____
Phone: _____ Website: _____
DOT#: _____ MC#: _____
4. Does the Insured ever broker loads to a trucking company affiliated with its brokerage? ☐ Yes ☐ No
If yes, what percentage of revenue was brokered to the affiliated carriers? _____

5. Does the Insured have any affiliated entities involved in freight forwarding, distribution, manufacturing, or warehouse? ☐ Yes ☐ No
If yes, identify the affiliate(s): _____
6. Provide a full description of commodities brokered (be specific. "general commodities" or "freight-all-kinds" are vague and not accepted):

7. Does the Insured broker flatbed freight? ☐ Yes ☐ No
If yes, state the percentage of shipments: _____
8. Does the Insured broker temperature-controlled freight? ☐ Yes ☐ No
If yes, state the percentage of shipments: _____
9. Does the Insured broker food products or any perishable goods? ☐ Yes ☐ No
If yes, state the percentage of shipments: _____
10. Does the Insured broker hazardous freight? ☐ Yes ☐ No
If yes, state the percentage of shipments: _____
11. Does the Insured broker the commodities of coal, chemicals, LPG, explosives, flammables, medical, toxic, or hazardous materials? ☐ Yes ☐ No
If yes, state the percentage of shipments: _____
12. Does the Insured broker any freight that is either owned by its brokerage or an affiliated entity? ☐ Yes ☐ No
If yes, who owns the cargo and how is the Insured legally liable?

13. Does the Insured broker any freight by air, sea, or rail? ☐ Yes ☐ No
If yes, specify in percentages: air: _____ sea: _____ rail: _____
14. Does the Insured require a written broker carrier agreement with all carriers prior to haul without exception? ☐ Yes ☐ No
15. Does the Insured's broker carrier agreement require the carrier to haul under their own authority? ☐ Yes ☐ No
16. Does the Insured's broker carrier agreement mandate that no double brokering is allowed? ☐ Yes ☐ No
17. Does the Insured's 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
18. Does the Insured's 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? ☐ Yes ☐ No
19. Does the Insured or the Insured's dispatchers use only authorized or pre-qualified motor carriers? ☐ Yes ☐ No
20. If any answer for questions 13-18 is no, is the Insured willing to amend their broker carrier agreement and practice, and provide us with a copy, in order to result in the answer of yes for all questions? ☐ Yes ☐ No

SECTION D: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____