



**Logistics Professional Liability Program
APPLICATION
FMCSA Licensed Property Brokers Only**

Completed applications must be signed by a corporate officer and returned to your local Broker.

Please provide the following documents:

1. Current **Annual Financial Statement** (including a balance sheet, income statement and accountant's notes). Unaudited statements must bear the signature of the proprietor, partner or corporate officer.
2. **Broker/Carrier & Broker /Shipper Contracts**
3. Outline of your **Motor Carrier Qualification/Selection Process**.
4. 3 years of **Hard Copy Loss** runs from your current insurer.
5. If your company is a new business, please include a copy of your work history.

CORPORATE INFORMATION

Company Name (including any DBA/Trade Names): _____
 Address: _____
 City: _____ State: _____ ZIP/Postal Code: _____ Country: _____
 Phone: _____ Email: _____ Website: _____
 Contact Name: _____ Title: _____
 Date company was established: _____ If less than 5 years ago, note years in industry for senior officer: _____
 FEIN or SS#: _____ MC #: _____ DOT #: _____ SCAC #: _____
 Do you have additional locations? Yes No **If yes, please attach list of all offices with contact information* Number of offices: _____
 Are you aware of any claims or pending claims against you? Yes No **If yes, please attach separate sheet with explanation.*
 How many below deductible claims have you received in the past year? _____
 Are you a member of any of the following associations: TIA Other: _____
 Are any employees TIA CTB designated? Yes No

ACTIVITY	Actual for Prior 12 Months		Estimated for Next 12 Months	
	Gross Receipts	Net Receipts (exclude fuel surcharges)	Gross Receipts	Net Receipts (exclude fuel surcharges)
FMCSA Property Broker				

INSURANCE INFORMATION

Coverage Limits & Deductibles Check the coverage deductibles you desire. If a coverage, limit, or deductible is checked, this does not mean coverage is granted. Review your proposal and policy for coverage.

Coverage	Limit	Deductible
Errors & Omissions	\$100,000	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000
Contingent Cargo Liability	\$100,000	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000
Would you also like a quote for Refrigerated Contingent Motor Truck Cargo Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contingent Auto	\$1,000,000	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000

LOSS HISTORY

Prior Coverage Please attach loss runs from your current insurance carrier

Have you ever had any lapses in your coverage? Yes No
 Has any other insurer cancelled or refused coverage in the last 3 – 5 years? Yes No

Please list premium and loss history for claims over last 3 years:

Coverage	Insurer(s)	Year	Premium	Limit	Ded	Paid	#	Reserved	#	Total Claims
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
			\$	\$	\$	\$		\$		\$
TOTAL			\$			\$		\$		\$

TERMS AND CONDITIONS OF SERVICE/CARRIAGE

Please indicate the standard terms and conditions of service/carriage that you use and include copies (front and back) with your application.

- Broker/Shipper Contract Broker/Carrier Contract Custom T&C of Service

Have you signed any Shipper-Specific contracts that agree to **primary liability** &/or limits above and beyond your standard terms? Yes No
 If Yes, list shipper names here and then submit copies of each contract so that we may review and provide special contract pricing.

Do you have shippers that contractually require you add them as **Additional Insured** on your Contingent Auto Liability? Yes No
 If Yes, list shipper names here and then submit copies of each contract so that we may include these in your quote.

DOMESTIC TRAFFIC			
Domestic Property Broker (Contingent Cargo Liability)			
Pounds moved this year:	Annual Values Hauled: \$	Avg. Value/Load: \$	
# of shipments this year:	% Insured All Risk: %	Max. Value/Load:	
Percent moved by Air:	Percent by Truck:	Percent by Rail:	
What percentage of your business is:	FTL Freight:	LTL Freight:	
What percentage is:	Local (50 miles): %	Intermediate (51-200): %	Long-Haul (200+): %
Traffic Within USA. Please check all areas of your traffic and enter the percentage of your traffic to/from or within each of the following			
<input type="checkbox"/> California _____%	<input type="checkbox"/> Texas _____%	<input type="checkbox"/> Illinois _____%	
<input type="checkbox"/> Florida _____%	<input type="checkbox"/> Georgia _____%	<input type="checkbox"/> New Jersey _____%	

Traffic: within USA/Canada _____% Mexico _____%

Domestic Freight: Please specify the percentage of freight you handle for the following target commodities. Certain commodities may be excluded and/or have limited coverage, please review your proposal and policy for coverage.

- | | | |
|---|--|--|
| <input type="checkbox"/> Spirits (exclude beer & wine) _____% | <input type="checkbox"/> HHG/PE _____% | <input type="checkbox"/> Computers/Laptops/Tablets _____% |
| <input type="checkbox"/> Tobacco Products _____% | <input type="checkbox"/> Precious Jewelry/Stones _____% | <input type="checkbox"/> Cell Phones/Consumer Electronics _____% |
| <input type="checkbox"/> Hazmat/Dangerous _____% | <input type="checkbox"/> Artwork/Fine Arts/Antiques _____% | <input type="checkbox"/> High Value Machinery _____% |
| <input type="checkbox"/> Used Goods _____% | <input type="checkbox"/> Refrigerated Cargo _____% | <input type="checkbox"/> Autos/Parts _____% |
| <input type="checkbox"/> Project Cargo _____% | <input type="checkbox"/> Food/Drink _____% | <input type="checkbox"/> Tanker Cargo _____% |
| <input type="checkbox"/> Copper/Metals _____% | <input type="checkbox"/> Clothing _____% | <input type="checkbox"/> Breakbulk Cargo or Flatbed _____% |

Please list top 3 commodities you handle: _____

SUPPLEMENTAL FREIGHT BROKER INFORMATION

How many carriers do you currently work with? _____ How many new carriers do you appoint each year? _____

If you arrange for domestic transit, do you check the FMCSA website as part of your carrier selection process? Yes No

Do you require the domestic carriers you hire to maintain MTC Insurance limits equal to the value of each shipment? Yes No

Do you require motor carriers you hire to maintain MTC Insurance without exclusion for unattended vehicles? Yes No

If you arrange for the transportation of refrigerated freight, do you require motor carrier transporting refrigerated freight to maintain refrigerated breakdown insurance? Yes No

Do you use load boards? Yes No

If yes, approximately what percentage of total shipments per year do you post to load boards? _____

Percent of loads brokered to Carrier with: 10+ Units: _____% 3-10 Units: _____% 1-2 Units: _____%

Is the property broker entity affiliated with a trucking company? Yes No

If so, are the trucking company and property broker company separate legal entities? Yes No

If yes, please provide the asset based company's full legal Name _____

Asset based company's MC # _____

Does the asset based company use owner operators operating under their own authority? Yes No

If yes, what is the cost of hire of the independent contractors hauling under their own authority? _____

Do you use sales agents? Yes No

If yes, approximately what percentage of total shipments per year do they produce? _____

If yes, do you have agent qualification procedures in place? Yes No (Please attach a copy of your agent qualification procedures)

If yes, do you require the agent to maintain Errors and Omissions Insurance? Yes No Minimum Limit? _____

If yes, do you require the agent to sign a sales contract? Yes No (Please attach a copy of your sales agent contract)

ADDITIONAL INFORMATION

APPLICATION WARRANTY, DISCLOSURE AND PRIVACY POLICY

Application Warranty & Disclosure

This application does not bind the Company or Applicant, nor does it obligate the Company to insure Applicant's services or issue a policy. If a policy is issued, the Company may cancel such policy upon discovery of fraudulent statements, omissions, or concealments of the facts material to the acceptance by the Company. The Applicant also warrants that such statements and responses are true, contain no misrepresentation. If the information that is supplied on this application or attachments changes between the date of the application and the inception date of this policy, the Applicant will immediately notify the Company of such changes. Any person who knowingly and with intent to defraud any insurance company or other 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 material fact thereto, commits a fraudulent insurance act, which is a crime. In some states, such person may be subject to a civil penalty not to exceed five thousand dollars (\$5,000.00) and the stated value of the claim for each violation.

Avalon Privacy Policy

We may disclose the following kinds of nonpublic personal information about your firm: Information we receive from your firm on applications or other forms, such as your name, address, tax ID number, income; Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history; and Information we receive from a consumer reporting agency, such as your creditworthiness and credit history. We do not currently, nor do we have any future plans to, disclose your nonpublic information to any parties other than those required to secure your insurance quotations. If your firm prefers that we not disclose nonpublic information about your firm to nonaffiliated third parties, your firm may direct us not to make those disclosures. If your firm wishes to opt out of disclosures to nonaffiliated third parties, please call our Marketing Department at 847-700-8100.

This application must be signed and dated by a managing director, partner or owner of the company applying for coverage.

Signature:	
Printed Name:	
Title:	
Date:	