

SUPPLEMENTAL APPLICATION – FREIGHT BROKER

- Name of applicant or insured: _____
- Please provide a breakdown of operations, total must equal 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 (please describe): _____	%	

- Revenue and shipment information:

	CURRENT YEAR	NEXT YEAR (ESTIMATED)
Revenue (total gross billed to shippers)	\$ _____	\$ _____
Number of loads	_____	_____
Territory served	<input type="checkbox"/> USA <input type="checkbox"/> Canada	<input type="checkbox"/> USA <input type="checkbox"/> Canada
	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Other (specify): _____

- Please provide:
 - Average value of shipments: \$ _____
 - Highest value of any one shipment: \$ _____

5. Is the applicant affiliated with any specific trucking entity/entities? Yes No

If "Yes," please identify the trucking operation:

- a. Name: _____
- b. Number of powerunits: _____
- c. Physical address: _____
- d. City: _____
- e. State: _____
- f. Zip: _____
- g. Phone: _____
- h. Website: _____
- i. DOT#: _____
- j. MC#: _____

6. Does the applicant ever broker loads to a trucking company affiliated with its brokerage? Yes No

If "Yes," what percent of revenue was brokered to the affiliated carriers? _____%

7. Does the applicant have other affiliated entities involved in freight forwarding, distribution, manufacturing or warehouse? Yes No

If "Yes," please identify the affiliate(s): _____

8. Please provide a full description of commodities brokered (Be specific. "general commodities" or "freight-all-kinds" are vague and not acceptable.) _____

9. Does the applicant broker flatbed freight? Yes No

If "Yes," % of shipments: _____%

10. Does the applicant broker temperature-controlled freight? Yes No

If "Yes," % of shipments: _____%

11. Does the applicant broker food products or any perishable goods? Yes No

If "Yes," % of shipments: _____%

12. Does the applicant broker hazardous freight? Yes No

If "Yes," % of shipments: _____%

13. Does the applicant broker the commodities of coal, chemicals, LPG, explosives, flammables, medical, toxic or hazardous materials? Yes No

If "Yes," % of shipments: _____%

14. Does the applicant 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 applicant legally liable? _____

15. Does the applicant broker any freight by air, sea or rail? Yes No

If "Yes," specify: Air _____% Sea _____% Rail _____%

16. Does the applicant require a written broker carrier agreement with all carriers before they are able to haul, without exception? Yes No
17. Does the applicant's broker carrier agreement require the carrier to haul under their own authority? Yes No
18. Does the applicant's broker carrier agreement mandate that no double brokering is allowed? Yes No
19. Does the applicant'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
20. Does the applicant'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
21. Does the applicant or the applicant's dispatchers use only authorized or pre-qualified motor carriers? Yes No
22. If any answer for questions 16 through 21 is "No," is the applicant willing to amend their broker carrier agreement and practice in order to result in an answer of "Yes" to all questions and provide us a copy? Yes No

SIGNATURE IN FULL: _____ DATE: _____

PRINTNAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____