LOAD BROKER CONTINGENT LEGAL LIABILITY INSURANCE APPLICATION

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

SECTION 1 - INFORMATION ON THE APPLICANT

1. Applicant's name: _____

2. Applicant's address: _____

3. Contact name: _____

4. Phone number: _____

5. Email: _____

6. Nature of Applicant's business: _____

7. Do you have any other autorithies under the same legal name/entity ☐ Yes ☐ No
Please confirm other authorities: _____

8. Numbers of years in business: _____

9. Number of employees: _____

SECTION 2 - OPERATIONS

Do you have broker carrier agreement with all of your motor truck carriers? ☐ Yes ☐ No
If Yes, please provide a copy.
Do you have any signed contracts with shippers that increase the extent of your liability? ☐ Yes ☐ No
If Yes, please provide a copy.
Are new motor truck carrier approvals signed off by senior management? ☐ Yes ☐ No
Do you check to see if a motor truck carrier has been previously deactivated in your system? ☐ Yes ☐ No
Minimum limit of cargo insurance you require from motor truck carriers you hire. $ _____
Do you obtain a valid certificate of insurance from the motor truck carriers insurance broker? ☐ Yes ☐ No
To ensure:
Automobile liability coverage – minimum $1,000,000 limit ☐ Yes ☐ No
Cargo insurance – up limit of insurance is equal to or greater than the shipment value assigned to the carrier ☐ Yes ☐ No
Do you annually review and maintain all of the motor truck carriers information? ☐ Yes ☐ No
Do you obtain the motor truck carriers authority information (eg MC#, DOT, CVOR)? ☐ Yes ☐ No
Do you obtain and validate the contact information for each motor truck carrier? ☐ Yes ☐ No
Do you only communicate with the phone numbers and email addresses that have been validated? ☐ Yes ☐ No
Do you check references for each motor truck carrier? ☐ Yes ☐ No
Do you use an on-line service to vet motor truck carriers? ☐ Yes ☐ No
If Yes, please provide names of companies: _____
Do you use a load confirmation document which includes instructions for the Motor Truck Carrier for each shipment? ☐ Yes ☐ No

Do you use service conditions for the shipper that differentiates between carrier, shipper and broker, and outlines limitations and exclusions of liability? ☐ Yes ☐ No
If Yes, please provide a copy.
Do you post your service conditions on your website? ☐ Yes ☐ No
Do you post shipments on load boards: ☐ Yes ☐ No
If Yes, what percentage of total shipments % _____

SECTION 3 - CARGO

1. Commodities:

_____
_____
_____

2. Do you broker any of the following high risk commodities:

Alcohol - wines, spirits and other alcoholic beverages % _____
Cigarettes and tobacco based products (including vaping products) % _____
Furs and leather, and clothes made from fur and leather % _____
Televisions or other electronic screens; CD players or other electronic players % _____
Computers, laptops, gaming consoles, iPads, iPods or similar electronic items % _____
Cellular or mobile phones of any description % _____
CD's, DVD's, blue ray discs, electronic computer games, computer micro-chips % _____
Non-ferrous metals % _____
Jewelry, precious/semi-precious stones, minerals, metals % _____
Works of Art/Antiques % _____
Temperature Controlled Foods % _____
Pharmaceuticals % _____
Permit required Overweight/Oversized shipments % _____

3. Total annual values:

by truck: $ _____
by rail: $ _____
by air: $ _____

4. Maximum value per shipment: $ _____

5. Average value per shipment: $ _____

6. Percentage:

FTL % _____
LTL % _____

SECTION 4 - VALUES

1. Estimated gross freight receipts for next 12 months $ _____

2. Actual gross freight Receipts past 12 months $ _____

3. What limit of insurance do you require?

☐ $100,000 ☐ $150,000 ☐ $250,000
☐ $500,000 ☐ Other $_____

4. What deductible do you require?

☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000
☐ $100,000 ☐ Other $_____

5. Transit protection required
☐ Bill of lading $2,00/lb ☐ Full Declared Value

SECTION 5 - CLAIMS HISTORY

1. In the past 5 years, have you had any losses for cargo damage: ☐ Yes ☐ No
If Yes, please provide details

_____

2. In the past 5 years, have you been named in a lawsuit related to cargo damage: ☐ Yes ☐ No
If Yes, please provide details

_____

3. In the past 5 years, have you had any cargo loss that was not paid by the motor carrier: ☐ Yes ☐ No
If Yes, please provide details

_____

4. Have you ever been forced to settle a claim that you were unsuccessful in collecting from the motor carrier: ☐ Yes ☐ No
If Yes, please provide details

_____

5. Are you aware of any incident or potential incident that may lead to a claim against you in the future? ☐ Yes ☐ No
If Yes, please provide details

_____

SECTION 6 - ADDITIONAL INFORMATION

Additional Information: The questions contained in this form are designed to give the Insurer information regarding your business. It cannot always cover every aspect and it is your duty to disclose any further material information to the Insurer that may affect the premium or conditions.

1. Information

_____

_____

DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

Completion of this application is not a guarantee of coverage. Coverage may be offered upon review and approval of the underwriter. If a quotation is put forward, it will contain various Terms, Conditions and Exclusions. The Insurance Company strongly recommends you examine the quotation with your Insurance Broker before acceptance.
I hereby confirm that the information given above and in any attached sheet(s) is true and correct.

Applicant's signature: _____ Date: _____
Please send the completed, signed and dated application to underwriting@revau.com.