## DOMESTIC INLAND TRANSIT LOAD / TRANSPORTATION BROKER CONTINGENT LEGAL LIABILITY INSURANCE APPLICATION



**TSW Management Services Inc.**

International Insurance Wholesalers

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Toll Free: 1-866-904-8146

**Toll Free: 1 866 904-8146**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Any associated or subsidiary companies? | Yes/  No  If yes, please explain: |
| Address: |  |
| Number of Years in Business |  |
| Desired or Current Effective Date |  |
| Limit(s) of Liability Required |  |
| Deductible Requested |  |
| If Perishable Cargos Included above, is Reefer Breakdown Coverage Required:  Yes /  No | |
| If Yes, is there a Reefer maintenance program?  Yes/  No | |
| Geographical Area |  |
| If Local Only, Give Radius: |  |
| Any Long Haul / Overnight Stops? | Yes /  No  If Yes, please indicate below where and what percentage of total business operation (include security provisions) |

|  |  |  |
| --- | --- | --- |
| **Location** | **% Total Business Operation** | **Security Provisions** |
|  |  |  |
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**Describe business activities, stating major contracts where appropriate:**

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| --- | --- |
| **Business Activities** | **Major Contracts** |
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| --- | --- |
| Average Value of Shipment |  |
| Range of Values | Minimum:  Maximum: |
| Number of Shipments/Loads per year |  |
| Is Filing of Certificates required for any Authority?  Yes /  No  If Yes, state Authority (ies) and file/docket reference details | |

In Canadian dollars, please list the total gross receipts for the past three years as well as the projected gross receipts for the current year:

|  |  |  |
| --- | --- | --- |
| **Year** | **Gross Receipts** | **Insurance Premium Paid** |
| Current Year |  |  |
| Last Complete Year |  |  |
| Year Prior |  |  |
| Year Prior |  |  |

|  |  |
| --- | --- |
| Liabilities Under Contract? |  |
| Is all cargo carried under Standard Bill of Lading  Yes /  No | |
| You accept declared Values for Carriage? Yes /  No  If Yes, what percentage of the total operation?  What Goods are carried with these provisions?  What is the annual projected declared value of such goods?  There are **NO** special contracts or extra liabilities beyond standard Bill of Lading Terms?  No | |

**Insurance History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schedule of Policies** | | | | |
| Coverage: | Carrier: | Policy Term: | Limit: | Premium: |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
| Has insurance ever been refused or cancelled?  Yes /  No  Have you ever had special conditions imposed on your insurance?  Yes /  No | | | | |

**Claims History:** Please give details for the past five years of any loss or claim made against you or any previous partnership or circumstances likely to give rise to a Legal Liability claim made against you, whether insured or not.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Occurrence:** | **Status:** | **Describe occurrence** | **Amount:** | | **Deductible:** |
| **Outstanding:** | **Paid:** |
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| --- | --- |
| Total Number of Units in Fleet: | Trucks/Tractors:  Trailers: |
| Are there any reefer units? | Yes /  No  if Yes, how many ? |
| Do you own any vehicles and/or trailers? | Yes /  No  If Yes, do you need Carrier’s Legal Liability insurance  Yes/  No  Limit? |
| Are Driver’s Safety Logs Checked on a regular basis? | Yes/  No |
| What other safety programs are in place? |  |
| Do you obtain current abstracts from Drivers? | Yes /  No |
| Do you have a Terminal or a Warehouse for the housing of merchandise which is **on** or **off** of Vehicles?  Yes /  No | |
| If Yes, do you require insurance?  Yes /  No  Address of Premises:  Maximum Value at this Location: | |
| Is Location Fenced with at least a 6’ fence and 3 strands of barbed wire?  Yes /  No | |
| Is Location well lit?  Yes /  No Watchman or Guard Dogs?  Yes /  No | |
| Provide detail of alarm system: |  |
| Building Construction: |  |
| Sprinklered: | Yes /  No |
| Alarm System: | Yes /  No / Local:  Central: |

**Important documents required**:

* Copy of Bill of Lading.
* Copies of all special contracts, which impose greater liability on you than that normally accepted.

This application does not bind the applicant or the company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. The undersigned applicant declares that to the best of his knowledge the statements set forth in this application are true. The applicant further agrees that if the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant’s Name Applicant’s Signature

Broker Date