

# Logistics Insurance Application

Application intended for Shippers Interest, Freight Forwarders, Freight/Transportation Brokers, Logistics Operations, Non-Vessel Operating Common Carriers, Indirect Air Carriers, Domestic Carriers and Warehouse Operators.

Whenever used in this Application, "Company" refers to the insurance company to which this Application shall be submitted for review.

## | Applicant Information

**Applicant:** \_\_\_\_\_

*Whenever used in this Application, "Applicant" shall mean the organization identified in response to this question of the Application.*

**Applicant Address:** \_\_\_\_\_

**Risk Manager (experience):** \_\_\_\_\_

**Years in Business:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Additional Insured:** \_\_\_\_\_

**Additional Insured Address:** \_\_\_\_\_

**Provide (if applicable):**

NVOCC Lic. #: \_\_\_\_\_

FF #: \_\_\_\_\_

FMCSA #: \_\_\_\_\_

**Current Insurer:** \_\_\_\_\_

**Gross Receipts projected for Next 12 months (USD):**                   \$ \_\_\_\_\_

**Gross Receipts last 12 months (USD):**                                   \$ \_\_\_\_\_

**Annual Number of Shipments (approx. count):** \_\_\_\_\_

**Percentage of shipments containerized (of total):** \_\_\_\_\_ %

# Applicable Coverage

## Shippers Interest

- Ocean Shipments
- Air Shipments
- Domestic Truck or Rail Shipments
- Foreign Truck or Rail Shipments
- Warehouse All Risk

## Gross Receipts/Shipment Count Breakdown

- \_\_\_\_\_ % Annual Shipments
- Yes     No

Total should add up to 100% under this section

## Carriers Legal Liability

- Non-Vessel Operating Common Carrier (Ocean)
- Indirect Air Carrier (Aircraft)
- Motor Truck Carrier (Truck or Rail)

- \_\_\_\_\_ % Gross Receipts

Total should add up to 100% under this section

## Freight Forwarders Legal Liability (Contingent All Conveyances)

## Warehouse Legal Liability

## Freight Forwarders Errors & Omissions

- Yes     No

## Geographical Area(s)

- US & Canada \_\_\_\_\_ %
- Europe \_\_\_\_\_ %
- Asia \_\_\_\_\_ %
- Australia \_\_\_\_\_ %

- Africa \_\_\_\_\_ %
- Latin America \_\_\_\_\_ %
- Specific \_\_\_\_\_ %

- Do you move freight to and from Mexico?  Yes     No
- Do you move freight to and from Canada?  Yes     No

# Covered Goods in Transit

General Merchandise:	_____ %	Ores, Mineral, Rock, and Stone:	_____ %
Electronic Merchandise:	_____ %	Gas, Petroleum and Derivates:	_____ %
Goods Under Refrigeration:	_____ %	Autos, EV, Motorcycles, ATVs, Watercrafts and Aircrafts:	_____ %
Foodstuff Non-Refrigerated & Non-Perishable:	_____ %	Iron, Steel and Related Alloys:	_____ %
Machinery & Equipment:	_____ %	Jewelry, Precious Stones & Minerals:	_____ %
Oversized Cargo or Project Cargo:	_____ %	Furs, Skins and Hides :	_____ %
Goods of a Fragile Nature:	_____ %	Art (all types, including paintings, sculptures, statues and antiques):	_____ %
Household Goods & PE:	_____ %	Wood & Timbers:	_____ %
Chemicals or Goods of a Hazardous Nature:	_____ %	Products of Milling Industry (Flours, sugars, rice, cereals):	_____ %
Pharmaceuticals (perishable or otherwise):	_____ %	Alcohol (Spirits, Wine, Beer, Vinegar):	_____ %
Live Animals & Plants:	_____ %	Tobacco, Cigars, Cigarettes and Derivates:	_____ %
Coffee, Tea, Mate, Cocoa and Spices:	_____ %	Live Sciences:	_____ %

Please list all specific commodities not included above.

Average Loss Ratio (5 years): \_\_\_\_\_

Only fill in the following Supplemental Applications if related to the intended coverage. Please provide all relevant documentation as requested in each section including, but not limited to, bills of lading, air waybills, contracts, warehouse receipts and similar documents.

# Shippers Interest Supplemental Application

## Cargo & Inland Transit

Coverage per Conveyance	Limit	Deductible	Average Shipment Value
Ocean Shipments (and connecting conveyance)	\$ _____	\$ _____	\$ _____
Air Shipments (and connecting conveyance)	\$ _____	\$ _____	\$ _____
Domestic Truck or Rail Shipments	\$ _____	\$ _____	\$ _____
Foreign Truck or Rail Shipments	\$ _____	\$ _____	\$ _____

## Packaging (% of total shipments)

Containerized on Vessel or Truck	_____ %
Non-Containerized	_____ %
On Deck or on Flat Bed	_____ %
Refrigerated Container	_____ %
Breakbulk on Vessel	_____ %
Bulk on Vessel or Truck	_____ %

## Questions

- Do you obtain proof of liability insurance from all subcontracted Carriers? (e.g. Motor Truck Cargo Legal Liability)  Yes  No
- Do you conduct vetting procedures for Motor Truck Carriers?  Yes  No
- Do you require a platform to issue Certificates of Insurance?  Yes  No

# Shippers Interest - Warehouse All Risk Supplemental Application

## Warehouse All Risk

Loc.	Location Address	Limit	Deductible	Monthly Values at Location
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Is CAT coverage required for all locations?  Yes  No

Please include copy of Warehouse Statement of Values (SOV).

### Questions

Do you provide refrigerated storage facilities?  Yes  No

Do you have a backup refrigeration system or plan in place?  Yes  No (Attach Copy)

Are generators available for backup power?  Yes  No

Is there a Facilities Manager available 24 hours a day?  Yes  No

Is a fire suppressant system installed?  Yes  No

If Yes, Loc. # \_\_\_\_\_

Do you have security and monitoring systems in place?  Yes  No

If Yes, Loc. # \_\_\_\_\_

Is there an emergency plan in place?  Yes  No (Attach Copy)

Do you have a routine for conducting physical inventory?  Yes  No

If yes, how often? \_\_\_\_\_

Do you require a platform to issue Certificates of Insurance?  Yes  No

Any special commodity not listed above?

Loss History: Please attach 5-year hard copy loss runs

Year	Premium	Total Losses	Number of Losses	Additional Comments

# Cargo Liabilities – Supplemental Application

## Carriers Legal Liability / Freight Forwarders Legal Liability / Freight Forwarders E&O

### Carriers Legal Liability

#### Coverage per Conveyance

Non-Vessel Operating Common Carrier (Ocean Shipments)  
(and connecting conveyance)

Limit

Deductible

\$

\$

Indirect Air Carrier (Air Shipments)  
(and connecting conveyance)

\$

\$

Motor Truck Cargo Legal Liability (Domestic Truck or Rail)  
(and connecting conveyance)

\$

\$

Motor Truck Cargo Distance Range: \_\_\_\_\_ %

0 – 50 Miles (local)

\_\_\_\_\_ %

50 – 500 Miles (regional)

\_\_\_\_\_ %

500 + Miles (national)

Do you operate any terminal facilities?

Terminal Address:

Terminal Address:

Terminal Address:

### Freight Forwarders Legal Liability (Contingent Cargo)

#### Coverage per Conveyance

Ocean Shipments  
(and connecting conveyance)

Limit

Deductible

\$

\$

Air Shipments  
(and connecting conveyance)

\$

\$

Domestic Truck or Rail Shipments

\$

\$

### Freight Forwarders Errors & Omissions

Limit

Deductible

#### FF Errors & Omissions

\$

\$

### Packaging (% of total shipments)

Containerized \_\_\_\_\_ %

On Deck or on Flat Bed \_\_\_\_\_ %

Refrigerated Container \_\_\_\_\_ %

Breakbulk on Vessel \_\_\_\_\_ %

Bulk on Vessel or Truck \_\_\_\_\_ %

**Questions**

- Do you issue Standard Trading Conditions contract (STC) with every shipper?     Yes     No    Attach Copy
- Do you issue your own Bills of Lading?     Yes     No    Attach Copy (front and back)
- Do you issue your own Air Waybills?     Yes     No    Attach Copy (front and back)
- Do you provide Freight Receipts for shipments?     Yes     No    Attach Copy (front and back)
- Do you have any special contracts currently in place?     Yes     No    Attach Copy
- Are there Broker Carrier Agreements in place with all carriers?     Yes     No    Attach Copy
- Do you conduct vetting procedures for Motor Truck Carriers?     Yes     No    Attach Vetting Guides
- Do you obtain proof of liability insurance from all subcontracted Motor Carriers?     Yes     No
- Are limits of liability verified for each load to ensure the Carrier meets the requirements of the assigned haul?     Yes     No
- Do you ensure the carriers policy covers the commodity specific to the assigned haul?     Yes     No
- Are Motor Carriers prohibited from using sub-haulers while working for you?     Yes     No
- Do you own or operate your own trucks?     Yes     No
- With how many Motor Carriers do you currently work?    \_\_\_\_\_    Attach List of Motor Carriers

**Any special commodity not listed above?**

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**Loss History: Please attach 5-year hard copy loss runs**

Year	Premium	Total Losses	Number of Losses	Additional Comments

# Warehouse Legal Liability – Supplemental Application

## Warehouse Legal Liability

Loc.	Location Address	Limit	Deductible	Monthly Values at Location
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Please include copy of Warehouse Statement of Values (SOV).

### Questions

- Do you have a Warehouse Contract including limitation of liability?  Yes  No Attach Copy
- Do you issue Warehouse Receipts?  Yes  No Attach Copy (front and back)
- Is the warehouse a multi-tenant facility?  Yes  No Provide commodities stored by others.
- Do you provide Refrigerated Warehousing?  Yes  No Provide commodity list.
- Do you have a backup refrigeration system or plan in place?  Yes  No Attach Copy
- Is there a Facilities Manager available 24 hours a day?  Yes  No
- Are generators available for backup power?  Yes  No
- Is a fire suppressant system installed?  Yes  No
- If Yes, Loc. # \_\_\_\_\_
- Do you have security and monitoring systems in place?  Yes  No
- If Yes, Loc. # \_\_\_\_\_
- Is there an emergency plan in place?  Yes  No Attach Copy
- Do you have a routine for conducting physical inventory?  Yes  No
- If yes, how often? \_\_\_\_\_
- Do you have an open lot storage facility?  Yes  No
- Are containers used for warehouse storage?  Yes  No
- What percentage of goods are stored under a contract? \_\_\_\_\_ %
- What percentage of goods are stored under a warehouse receipt? \_\_\_\_\_ %

Loss History: Please attach 5-year hard copy loss runs

Year	Premium	Total Losses	Number of Losses	Additional Comments

# Excess Warehouse Legal Liability – Supplemental Application

## Excess Warehouse Legal Liability

Loc.	Location Address	Excess Limit		Primary Limit
_____	_____	\$ _____	Excess of	\$ _____
_____	_____	\$ _____	Excess of	\$ _____
_____	_____	\$ _____	Excess of	\$ _____
_____	_____	\$ _____	Excess of	\$ _____
_____	_____	\$ _____	Excess of	\$ _____

Primary Insurance Policy No.: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

**Please include copy of Warehouse Statement of Values (SOV).**

### Questions

- Do you have a Warehouse Contract including limitation of liability?  Yes  No Attach Copy
- Do you issue Warehouse Receipts?  Yes  No Attach Copy (front and back)
- Is the warehouse a multi-tenant facility?  Yes  No Provide commodities stored by others.
- Do you provide Refrigerated Warehousing?  Yes  No Provide commodity list.
  - Do you have a backup refrigeration system or plan in place?  Yes  No Attach Copy
  - Is there a Facilities Manager available 24 hours a day?  Yes  No
  - Are generators available for backup power?  Yes  No
  - Is a fire suppressant system installed?  Yes  No
    - If Yes, Loc. # \_\_\_\_\_
  - Do you have security and monitoring systems in place?  Yes  No
    - If Yes, Loc. # \_\_\_\_\_
- Is there an emergency plan in place?  Yes  No Attach Copy
- Do you have a routine for conducting physical inventory?  Yes  No
  - If yes, how often? \_\_\_\_\_
- Do you have an open lot storage facility?  Yes  No
- Are containers used for warehouse storage?  Yes  No
- What percentage of goods are stored under a contract? \_\_\_\_\_ %
- What percentage of goods are stored under a warehouse receipt? \_\_\_\_\_ %

Loss History: Please attach 5-year hard copy loss runs

Year	Premium	Total Losses	Number of Losses	Additional Comments

# Fraud Statements / Signature

FRAUD STATEMENT (Not applicable in the states mentioned below where a specific warning applies). Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Arkansas** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California** - Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia** - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas** - Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York** - 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NEW YORK APPLICANT'S SIGNATURE:	DATE
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# Fraud Statements / Signature

**Ohio** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Pennsylvania** - 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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico** - Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Rhode Island** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee, Virginia** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

This application does not bind the Applicant or the Company to complete the insurance but is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that, to the best of his/her knowledge, the statements set forth in this application are true. The Applicant further declares 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.

**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).** I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true, and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT NAME	APPLICANT SIGNATURE
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**Agent/Broker**

Are you personally familiar with this Applicant's operations?  Yes  No

Did your office control this risk in the past year?  Yes  No

AGENT'S OR BROKER'S NAME	AGENT'S OR BROKER'S ADDRESS	LICENSE NO.
AGENT'S OR BROKER'S SIGNATURE .	DATE	TELEPHONE NUMBER