1. Name of applicant or insured: _____

2. 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):_____	%	

3. Revenue and shipment information:

	CURRENT YEAR	NEXT YEAR (ESTIMATED)
Revenue (total gross billed to shippers)	$	$
Number of loads		
Territory served	☐ USA ☐ Canada ☐ Other (specify): _____ _____	☐ USA ☐ Canada ☐ Other (specify): _____ _____

4. Please provide:

   a. Average value of shipments: $_____

   b. Highest value of any one shipment: $ _____

more

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 power units: _____
   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: _____

PRINT NAME: _____

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

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____