

**Application for Transportation Broker Legal Liability
Errors & Omissions and Contingent Liability Insurance**

Atlantic Marine Underwriters Inc.

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Please note this is an application for Load Brokers contingent liability and errors and omissions insurance. If you also require Carrier's Legal – Truckman's Legal Liability Insurance a separate application form must be completed.

Applicant's Name: _____ No. of Years in Business: _____

Address: _____

Policy Term: From: _____ To: _____

Please provide details of any associated or subsidiary companies: _____

Please describe business activities, stating major contracts where appropriate: _____

Limit of Liability Required: _____ **CAD/USD Deductible:** _____

Description of goods customarily carried by truckers with whom you contract: _____

Are perishable products being transports? _____

Geographical Area of truckers with whom you contract: _____

If Local Only, Give Radius: _____ Do truckers with whom you contract conduct Long

Haul/Overnight Stops? YES _____ NO _____

If YES, please indicate where and what percentage of total business operation – please include security provisions:

Average Value of Shipment: _____

Range of Values: Min: _____ Max: _____ Average: _____

Number of Shipments/Loads per Year: _____

Is Filing of Certificates required for any Authority? YES _____ NO _____

If YES, state Authority(ies) and file reference details _____

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

Year	Gross Receipts	Insurance Premium Paid
Current Projected		
Last Year		
Previous Year		
Previous Year		

GROSS RECEIPTS is defined as the total charges, collected or uncollected, made in connection with the operations of the Insured during the period of this insurance. No deduction shall be made from the Gross Receipts in respect of any sub-contracted work. Gross Receipts is not revenue earned.

Liabilities Under Contract:

Is all cargo carried under Standard Bill of Lading YES _____ NO _____ **Please attach Bill of Lading**

In addition, please attach copies of all special contracts which impose greater liability on you than that normally accepted.

Do you accept Declared Values for carriage? YES _____ NO _____

If YES, what percentage of total operation? _____

What goods are carried with these provisions? _____

Do you provide special contracts or extra liabilities beyond standard Bill of Lading Terms? YES _____ NO _____

Has Applicant had previous Insurance? YES _____ NO _____

If YES, Name of Previous Insurance Carrier: _____

Reason for Changing Carriers: _____

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Claims History:

Have you ever been declined insurance: YES ___ NO ___

Or have any Special Terms imposed? YES ___ NO ___

If YES, please attach special terms.

Has any previous insurance carrier cancelled your insurance policy? YES ___ NO ___

If YES, please attach details.

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

Date of Loss	Amount Paid	Amount Outstanding	Circumstances

Please note that by completing this form you are not requesting carrier's legal liability, terminal or warehouse insurance or any insurance other than that which relates to the legal liability, which might arise, from your errors and omissions in the conduct of your business as a load broker.

Is there any further information that may be relevant to the insurance of your business?

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