

# Diamond Brokerage Insurance Application

## Instructions

1. If your organization has motor carrier and property brokerage operations operating as one entity, please fill out this application with each of the activities represented by percentage, total employee count and the total gross and net earnings reflective of the *whole company*.
2. If your organization has motor carrier and property brokerage operations operating as separate entities, only use the property brokerage information for this application

## General Information

Applicant (list all majority owned companies to be insured): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Contact Name/Title \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

LIST ANY ADDITIONAL OFFICE LOCATIONS BELOW OR ON SEPARATE PAGE

Years in Business: \_\_\_\_\_ Applicant is:  Corporation  LLC  Individual  Partnership  Franchisee/Franchisor

Number of offices in USA \_\_\_\_\_ Number of Employees: \_\_\_\_\_

FEIN Number: \_\_\_\_\_ USDOT Number: \_\_\_\_\_ ICC Docket Number: \_\_\_\_\_

## Gross Receipts

Actual for past Fiscal Year: \$ \_\_\_\_\_  
 Projected for next Fiscal Year: \$ \_\_\_\_\_

## Net Receipts

Actual for past Fiscal Year: \$ \_\_\_\_\_  
 Projected for next Fiscal Year: \$ \_\_\_\_\_

## Coverage Options

Coverage Type	Limits	Deductible
<input type="checkbox"/> Errors & Omissions	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$5,000
	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$500,000	
	<input type="checkbox"/> \$1,000,000	
<input type="checkbox"/> Contingent Motor Truck Cargo Legal Liability	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$2,500
	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> Contingent Auto Liability	\$1,000,000	\$5,000
<input type="checkbox"/> Commercial Package Policy Quote (includes General Liability, Auto Liability, Property, Workers Comp)	<i>If you would like a quote for a Commercial Package Policy, please complete Pages 6-9 of this Application</i>	

### Business Operations

What percentage of business does each operation represent?

Customs Broker	<input type="checkbox"/>	___	%	Container Freight Station	<input type="checkbox"/>	___	%
International Freight Forwarder	<input type="checkbox"/>	___	%	NVOCC	<input type="checkbox"/>	___	%
Domestic Freight Forwarder	<input type="checkbox"/>	___	%	Packing or Crating Services	<input type="checkbox"/>	___	%
Indirect Air Carrier	<input type="checkbox"/>	___	%	Motor Carrier	<input type="checkbox"/>	___	%
Consulting for which a fee is charged	<input type="checkbox"/>	___	%	Project Cargo/Heavy Lift	<input type="checkbox"/>	___	%
Property Broker	<input type="checkbox"/>	___	%	FTZ Operator or User	<input type="checkbox"/>	___	%
Warehouse Operator	<input type="checkbox"/>	___	%	Other: _____	<input type="checkbox"/>	___	%
Ocean Freight Forwarder	<input type="checkbox"/>	___	%				

Member of CTPAT? Yes  No  Trade Association Member? Yes  No   
 Certified Cargo Screener? Yes  No  List memberships \_\_\_\_\_

How many of your employees have attended educational seminars in the past 12 months? \_\_\_\_\_

### Compliance

- If custom brokerage is done, what percentage of entries is made under your name and bond? \_\_\_\_\_%
- Do you want coverage under this policy for entries made under your name and bond?  Yes  No
- Do you want a quote for the expanded policy territory (worldwide with a few exceptions)?  Yes  No
- Do you use Terms & Conditions of Service to limit your liability?  Yes  No
- If yes, are they formally accepted by all of your customers in writing?  Yes  No
- Describe how your Terms & Conditions of Service are distributed to clients (i.e.: back of invoice, website, referenced in your power of attorney, included in new customer packet, etc.)

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- What percentage of your net income is derived from customer contracts under which you assume liability in excess of your standard terms and conditions of service or applicable general law? \_\_\_\_\_%

Please provide details on these contracts:

a. Destination countries: \_\_\_\_\_  
 b. Type of commodities: \_\_\_\_\_  
 c. Value of goods: \_\_\_\_\_

### Commodities

- Enter the percentage of types of goods handled (must equal 100%).

Computers or televisions	___	%	Fresh/frozen foods & other perishables	___	%
Laptops, tablets, and mobile/smart phones	___	%	Fragile goods (china, glass, marble, etc.)	___	%
Other Consumer electronics	___	%	Tobacco or alcoholic beverages	___	%
Bulk cargo	___	%	Breakbulk project cargo	___	%
Other (describe)	___	%			

### Truck Brokering Activity

9. Do you arrange for refrigerated shipments? Yes  No  Percentage of total shipments \_\_\_\_\_ %
10. Do you arrange loads on flatbeds? Yes  No
11. Number of truckloads handled annually: \_\_\_\_\_
12. Estimated Average Load Value: \_\_\_\_\_
13. Do you perform any packing, loading or unloading? Yes  No
14. If yes, please describe: \_\_\_\_\_
15. Number of loads brokered in previous year: \_\_\_\_\_
16. What percent of loads have a written broker/carrier agreement in place (where YOU are the broker)? \_\_\_\_\_
17. Percentage of business: Co-brokered TO you: \_\_\_\_\_  
(must total 100%) Co-brokered BY you to another property broker: \_\_\_\_\_  
Arranged directly from shipper to carrier: \_\_\_\_\_

Describe how you verify that co-brokers comply with your carrier vetting process and insurance requirements.

### Carriers

18. List primary carriers used: \_\_\_\_\_
19. Do you obtain evidence of Auto Liability Insurance from carriers you hire?  Y  N
20. Are you named as Additional Insured on those policies?  Y  N
21. If yes, what limits of insurance are required? \_\_\_\_\_
22. Describe your process for selecting and vetting motor carriers that you use OR attach a copy of your written procedure. Include information about how you verify that co-brokers you use are following your procedures.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
23. Provide estimated annual cost of hire for carriers. \_\_\_\_\_

### Potential Claims *If your answer is yes to this question, please provide full details.*

24. Is the company or any of its partners, directors or officers aware of any incidents which have occurred that may give rise to a claim against you or your past or present Partners, Directors or Officers?  Yes  No

**New Customers Only** Provide full details of all Yes answers.

- 25. Have any errors and omissions claims been made against the company or any predecessors, partners, directors or officers during the past 5 years?  Yes  No
- 26. Has any policy or application for insurance ever been declined, canceled or renewal refused?  Yes  No
- 27. Do you presently carry Errors & Omissions insurance?  Yes  No

Please provide the following:

- ✓ If in business less than 3 years, provide industry experience in the form of a resume for each principal who is involved in day-to-day operations
- ✓ If you have current coverage, a copy of the policy declarations page
- ✓ A claim report from the prior insurance carrier for the past 3 years

**New Customer Completion Checklist**

Please include copies of all documents that apply to your organization:

- | Yes                      | N/A                      |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A claim report from the prior insurance carrier for the past 3 years for all coverages you are applying for. |
| <input type="checkbox"/> | <input type="checkbox"/> | Broker/Carrier Agreement   |
| <input type="checkbox"/> | <input type="checkbox"/> | Broker Shipper Agreement   |
| <input type="checkbox"/> | <input type="checkbox"/> | Co-Broker Agreement  |
| <input type="checkbox"/> | <input type="checkbox"/> | Terms and Conditions (For possible discount considerations)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Carrier Vetting Policy/Procedures (For possible discount considerations)                             |

## ***Signature Required for Submission***

We hereby declare that the above statements and any particulars given are true, that we have not suppressed or misstated any material facts and agree that this declaration shall be the basis of the contract between us and the insurer.

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Authorized Signature

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Date

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Printed name

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Title (must be officer of the company)

Note: Signing this application does not bind the Applicant or the company to complete the insurance. A fully completed, signed and dated application along with any other required information will allow us to quote terms and bind coverage should the quotation be accepted.

A Claims Made and Reported Policy applies solely to any claim first made against the Insured and reported while the insurance is in force. No coverage exists for any claim occurring prior to the retroactive date stated in the Policy Declarations nor for any claim first made against the Insured and reported after the expiration date shown in the Policy Declarations unless and to the extent an extension of cover applies as specifically stated in the Policy and designated as an "Extended Reporting Period."

A Modified Occurrence Policy applies solely to any claim that occurred during the policy term, and reported within 24 months of the policy expiration date. No coverage exists for any claim reported after the specified Policy reporting period.

### **Additional Comments**

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Kentucky Notice: 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.

## Commercial Insurance Coverage Application

### Items to Include with Application

1. Please provide hard copy loss runs from your current and past carriers for the last five years for all coverages.
2. If possible, please provide a copy of all current policies so that we may provide a comparison of current coverage provided versus what we propose.
3. Copies of current leases at your office location(s), if applicable.

### General Information

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Is your company a Subsidiary of another entity or do you have any subsidiaries? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a Formal Safety Program in operation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Any exposure to flammables, explosives, chemicals?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Any policy or coverage declined, cancelled or non-renewed in the past 3 years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Any past losses due to sexual abuse, discrimination or negligent hiring?        | <input type="checkbox"/> | <input type="checkbox"/> |
| In the past 5 years has any officer been convicted of fraud, bribery, or arson? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any uncorrected Fire Code Violations?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Any bankruptcies, tax or credit liens against the company in the past 5 years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the business been placed in a Trust?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Any foreign operations or products?   | <input type="checkbox"/> | <input type="checkbox"/> |

### Commercial General Liability Coverage

For each location please provide the following:

If there is a warehouse, provide the estimated annual warehouse payroll: \_\_\_\_\_

Packing or crating operations, provide the estimated annual gross sales are from these operations \_\_\_\_\_

	Yes	No
Any medical facilities or medical professionals employed?	<input type="checkbox"/>	<input type="checkbox"/>
Any exposure to radioactive /nuclear materials?	<input type="checkbox"/>	<input type="checkbox"/>
Do/have past present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of Hazardous Materials?	<input type="checkbox"/>	<input type="checkbox"/>
Any operations sold, acquired or discontinued in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Any machinery or equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
Any watercraft, docks, floats owned, hired or leased?	<input type="checkbox"/>	<input type="checkbox"/>
Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>
Is a fee charged for parking?	<input type="checkbox"/>	<input type="checkbox"/>
Any recreation facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a swimming pool on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Any sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been active in or are currently active in joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a labor interchange with any other business or subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
Are day care facilities operated or controlled?	<input type="checkbox"/>	<input type="checkbox"/>
Have any crimes occurred or been attempted on your premises in the past 3 yrs?	<input type="checkbox"/>	<input type="checkbox"/>

Is there a formal, written safety and security policy in effect?

|

Does the business promotional literature make any representations about the safety or security of the premises?

|

### Property Exposures

**Complete for each Location**

Location Address \_\_\_\_\_

Office Square Footage \_\_\_\_\_

Warehouse Square Footage \_\_\_\_\_

Building Construction \_\_\_\_\_

Year Built \_\_\_\_\_

Own/Lease? \_\_\_\_\_

Number of Stories \_\_\_\_\_

Sprinklered? \_\_\_\_\_

Burglar Alarm Manufacturer \_\_\_\_\_

    Connected to Central Station? \_\_\_\_\_

Fire Alarm Manufacturer \_\_\_\_\_

    Connected To Central Station? \_\_\_\_\_

Real Property Limit \_\_\_\_\_

Please provide a schedule of Mobile Equipment (Forklifts, etc.) that are to be insured below or provide separately (must include the below criteria)

Year	Description & Serial Number	Date Purchased	Cost New

### Commercial Auto

Are all vehicles you are requesting insurance coverage for owned or leased by the named insured?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are any trucking companies hired to do work on behalf of your company?

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Do you require coverage for Owner Operators that you may hire to do work on your behalf?

|

Do over 50% of the employees use their own autos in the business?

|

Is there a vehicle maintenance program in operation?

|

Are any vehicles leased to others?

|

Are any vehicles customized, altered or have special equipment?

|

Do operations involve transporting hazardous materials?

|

Any hold harmless agreements?

|

Any vehicles used by family members? If so please describe comments section.

|

- Do you obtain Motor Vehicle Reports for all drivers?  |
- Do you have a specific driver recruiting method?  |
- Are there any drivers NOT covered by workers' compensation?  |
- Are there any owned vehicles that are not listed in the schedule of covered vehicles you've provided?  |
- Any drivers with convictions for moving violations?  |
- Do you or employees rent or lease vehicles under the company name?  |

**If you own or lease autos, please also provide the following:**

Please provide a schedule of vehicles/trailers that are to be insured below or provide separately (must include the below criteria)

Year, Make, Model	Vin Number	Gross Weight	Radius of Operation

Please provide a schedule of all drivers to be insured below or provide separately (must include the below criteria)

Driver Name	Date of Birth	Drivers License Number

*Workers Compensation*

State	Categories, Duties, Classifications	Number of Employees	Estimated Annual Payroll

- Does applicant own, operate or lease any aircraft/watercraft?  **Yes** |  **No**
- Do/Have past present or discontinued operations involve(d) storing, treating, Discharging, applying, disposing, or transporting of Hazardous Materials?  |
- Any work performed underground or above 15 feet?  |



Any work performed on barges, vessels, docks, bridges over water?	<input type="checkbox"/>	<input type="checkbox"/>
Are you engaged in any other type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Are subcontractors used?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give percentage of work subcontracted:	<input type="checkbox"/>	<input type="checkbox"/>
Any work sublet without certificates of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is a written safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
Any group transportation provided?	<input type="checkbox"/>	<input type="checkbox"/>
Any employees under 16 or over 60 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Any seasonal employees?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any volunteer or donated labor?	<input type="checkbox"/>	<input type="checkbox"/>
Any employees with physical handicaps?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees travel out of state?	<input type="checkbox"/>	<input type="checkbox"/>
Any sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
Are physicals required after offers of employment are made?	<input type="checkbox"/>	<input type="checkbox"/>
Are employee health plans provided?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide percentage paid by employer	<input type="checkbox"/>	<input type="checkbox"/>
Is there a labor interchange with any other business or subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>
Do any employees predominately work at home?	<input type="checkbox"/>	<input type="checkbox"/>
Any tax liens or bankruptcy within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Any undisputed and unpaid Workers' Compensation premium due from you or any commonly managed or owned enterprises?	<input type="checkbox"/>	<input type="checkbox"/>