



CASUALTY RISK SOLUTIONS

TRUCK BROKER APPLICATION FORM

an AVENTUM Group company

www.consiliumbroking.com

1. Company Name:
2. Address:
3. State: Zip Code:
4. Email:
5. Website:
6. No. of Years in business: DOT No.: MC No.:
7. Name of operating system used to vet carriers:
8. Territories: USA Canada Other
9. Do you have shared ownership, financial interest or affiliation with a motor carrier or shipper? YES NO
10. If yes, please provide the name of that entity?
11. Do you have dual authority? YES NO
12. Please provide DOT No.
13. Percentage of loads brokered to affiliated motor carrier: %
14. Do you lease trailers? YES NO
15. Do you require, and keep on file, a signed Broker Carrier Agreement from all Motor Carriers before they are approved to haul a load? YES NO
16. Do you keep a file for each Motor Carrier, with copies of:
17. Motor Carrier's authority YES NO
18. Certificate of Insurance YES NO

	Gross Revenue	No. of Loads
Current Year		
Year ahead (projected)		

19. Principal Cargo Brokered:

Hazardous Materials	<input data-bbox="710 414 742 459" type="text" value="%"/>	Refrigerated Meats	<input data-bbox="1364 414 1396 459" type="text" value="%"/>
Oversized/Overload	<input data-bbox="710 492 742 537" type="text" value="%"/>	Flatbed Freight	<input data-bbox="1364 492 1396 537" type="text" value="%"/>
Dump/Oilfield Services	<input data-bbox="710 571 742 616" type="text" value="%"/>	LTL Shipments	<input data-bbox="1364 571 1396 616" type="text" value="%"/>

20. Do you Broker any of the following cargo?

Boats	<input data-bbox="710 754 742 799" type="text" value="%"/>	Copper	<input data-bbox="1364 754 1396 799" type="text" value="%"/>
Electronics	<input data-bbox="710 833 742 878" type="text" value="%"/>	Livestock	<input data-bbox="1364 833 1396 878" type="text" value="%"/>
Medical Equipment	<input data-bbox="710 911 742 956" type="text" value="%"/>	Mobile Homes	<input data-bbox="1364 911 1396 956" type="text" value="%"/>
Pharmaceuticals	<input data-bbox="710 990 742 1034" type="text" value="%"/>	Pipes	<input data-bbox="1364 990 1396 1034" type="text" value="%"/>
Solar Panels	<input data-bbox="710 1068 742 1113" type="text" value="%"/>	Spirits/Wine	<input data-bbox="1364 1068 1396 1113" type="text" value="%"/>
THC/Cannabis/CBD	<input data-bbox="710 1146 742 1191" type="text" value="%"/>	Tires	<input data-bbox="1364 1146 1396 1191" type="text" value="%"/>
Tobacco	<input data-bbox="710 1225 742 1270" type="text" value="%"/>	Vaping products	<input data-bbox="1364 1225 1396 1270" type="text" value="%"/>

Current Insurer:

COVERAGE	LIMIT REQUESTED (USD)
Contingent Cargo Liability:	
Cargo Defence Liability:	
Refrigerated Contingent Cargo Liability:	
Contingent Auto Liability:	
General Liability:	
Professional Liability/E&O:	

LOSS HISTORY

- 21.** Have you had any losses for any of the coverages requested in this application form in the past 5 years? YES NO

If yes, please provide full details on a separate sheet.

If prior coverage has been in place, please provide 5 year loss runs.

- 22.** Have you had your insurance cancelled, non-renewed or declined in the past 5 years? YES NO

If Yes, please provide details:

SIGNED DECLARATION

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 inspection by the Insurance Company.

Applicant's printed names:

Applicant's Signature

Date:

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully 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.

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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

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.

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 York

Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

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.

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

Maine, Tennessee, Virginia, Washington

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.



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