



CASUALTY RISK SOLUTIONS

# TRUCK BROKER APPLICATION FORM

**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**

	<b>Gross Revenue</b>	<b>No. of Loads</b>
Current Year		
Year ahead (projected)		

**19. Principal Cargo Brokered:**

Hazardous Materials	%	Refrigerated Meats	%
Oversized/Overload	%	Flatbed Freight	%
Dump/Oilfield Services	%	LTL Shipments	%

**20. Do you Broker any of the following cargo?**

Boats	%	Copper	%
Electronics	%	Livestock	%
Medical Equipment	%	Mobile Homes	%
Pharmaceuticals	%	Pipes	%
Solar Panels	%	Spirits/Wine	%
THC/Cannabis/CBD	%	Tires	%
Tobacco	%	Vaping products	%

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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