

Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
 T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 625 President-Kennedy Avenue, Suite 903 Montreal, QC H3A 1K2
 T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

APPLICATION – TRANSPORTATION BROKER’S LEGAL LIABILITY

Name of Applicant: _____

Address of Applicant: Street _____
 (Mailing address) City _____
 Province _____ Postal code _____

Include Applicant’s Website and/or email (if applicable): _____

1. NUMBER OF YEARS IN BUSINESS: _____

2. NUMBER OF DIRECTORS AND STAFF: _____

3. PLEASE PROVIDE:

NAMES OF ALL DIRECTORS/PRINCIPALS	YEARS OF EXPERIENCE

4. PLEASE PROVIDE A COMPLETE DESCRIPTION OF THE APPLICANT’S ACTIVITIES:

5. LIST MAIN TYPE OF GOODS THAT YOU WILL ACT AS AN INTERMEDIARY FOR:

6. LIMITS OF LIABILITY REQUIRED:

Cargo Legal Liability: \$ _____ Errors and Omissions: \$ _____

Contingent Cargo: \$ _____

7. DEDUCTIBLE REQUESTED: \$ _____

8. LIST ALL PROVINCES AND STATES THAT VEHICLES OPERATE IN:

9. DOES THE APPLICANT HAVE LIABILITIES UNDER CONTRACT?

Yes No If Yes, please attach copies of contracts.

10. DOES THE APPLICANT HAVE A BROKER CARRIER AGREEMENT?

Yes No If Yes, please attach copy.

11. DOES THE APPLICANT ISSUE STANDARD TRADING CONDITIONS OR CONTRACT WHICH EVIDENCE THE TERMS AGREED UPON WITH YOUR CLIENTS?

Yes No If Yes, please attach copy.

12. DOES THE APPLICANT ISSUE A BILL OF LADING?

Yes No Please attach copy.

13. NUMBER OF SHIPMENTS PER YEAR: _____

14. PLEASE LIST ALL DUE DILIGENCE EFFORTS MADE IN THE SELECTION OF THE CARRIERS THE APPLICANT ENGAGES: (If you have a checklist/worksheet please provide a copy)

15. ACTUAL GROSS FREIGHT RECEIPTS FOR THIS YEAR: \$ _____

ESTIMATED GROSS FREIGHT RECEIPTS FOR NEXT YEAR: \$ _____

16. PREVIOUS INSURANCE:

CARRIER	POLICY NO	EXPIRY DATE	EXPIRING PREMIUM	EXPIRING LIMIT
			\$	\$
			\$	\$
			\$	\$
			\$	\$

17. HAS COVER BEEN CANCELLED OR DECLINED IN THE PAST?

Yes No If Yes, please explain: _____

18. PREMIUM AND LOSS HISTORY FOR THE LAST 5 YEARS

YEAR	PREMIUM PAID	LOSSES PAID	LOSSES OUTSTANDING	DETAILS

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY/OUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, DETECT AND PREVENT FRAUD AND DETERMINE CLAIMS HISTORY.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: _____

English Text Clause

The Insured declares and covenants with the Insurer that the policy of insurance has been drawn in the English language and to enable these coverages to be underwritten by the markets offering the requisite facilities, and to permit usage of the necessary clauses in the language of customary issuance and interpretation thereby to avoid confusion, misinterpretation and/or disparity of coverage, as could otherwise be detrimental to his interest.

Contrat en anglais

L'Assuré déclare avoir convenu avec l'Assureur que le contrat d'assurance soit rédigé en anglais pour que les garanties requises puissent être souscrites auprès des marchés qui les offrent et que les clauses nécessaires soient dans la langue usuelle de l'émission et de l'interprétation des contrats, afin d'éviter la confusion, les erreurs d'interprétation et/ou les divergences dans les garanties, ce qui pourrait être préjudiciable à ses intérêts.



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