



# Transportation Broker's Legal Liability Application

This form may be completed by you or your insurance broker. Please provide information for all of the spaces below. Save a copy for your own records, and have your insurance broker submit the completed application to an Aldis underwriter via e-mail.

## APPLICATION INFORMATION

Insurance broker:

Applicant's name:

Address:

City:  Province:

Postal code:  Number of years in business:  \*All monetary values are in:

Member of:  Transportation Intermediaries Association  National Transportation Brokers Association

Any other recognized body (please name):

## BUSINESS DESCRIPTION

Please provide a complete description of the applicant's activities:

Complete the following for any person performing activities mentioned above:

Name	Title	Years of experience
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## PRINCIPLE BUSINESS ACTIVITIES

List main types of goods that you will act as an intermediary for:

Maximum value of goods: \$  Average value: \$

Please list all provinces and states that vehicles operate in:

Do you have liabilities under contract:  Yes  No If 'Yes' please attach copies.

Do you issue a bill of lading:  Yes  No Number of shipments/loads per year:

Do you accept declared values for carriage:  Yes  No If 'Yes' what percentage of goods:  %

If 'Yes' what goods are carried with these provisions:

Do you use standard trading conditions?  Yes  No

If 'Yes' please describe:

## VOLUME

Actual gross freight receipts for this year: \$  Estimated gross freight receipts for next year: \$

## ERRORS AND OMISSIONS

Do you require coverage for your liability for claims made against you for breach of duty in the course of the conduct of your business:  Yes  No

Do you require coverage for your liability at common law under any operative section of the policy for accidental failure to incorporate your contract conditions into the contract with your customer:  Yes  No

If 'Yes' do you: Instruct your staff in writing to tell customers of the contract conditions applicable when verbally quoting for business:  Yes  No

Instruct your staff in writing to tell customers of the contract conditions applicable when confirming quotations in writing:  Yes  No

Include a clear wording on all stationery used to communicate with customers stating that all business is transacted subject to your contract conditions:  Yes  No

Make copies of your contract conditions available to customers on request:  Yes  No

If 'No' to any of the above, please tell us how customers are made aware of your contract conditions and enclose copies of any documents used:

Please state the Errors and Omissions limit that you require: \$

## UNDERWRITING INFORMATION

Name of previous insurer(s):

Have you ever had any previous policy cancelled:  Yes  No

If 'Yes' please explain:

### Premium and Loss History for the last 5 years:

Year	Premium paid	Losses paid	Losses outstanding	Details
2005	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2006	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2007	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2008	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2009	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

## ADDITIONAL INFORMATION

Additional information:

### Aldis privacy statement:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including, but not limited to, the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company to assess, underwrite, and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results, and/or comply with regulatory legal requirements.

To the best of our knowledge, the above representations are true and correct.

Date:  Applicant's signature:

Broker's signature: