



# Transportation Broker Legal Liability Application

## Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

## NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

## I. GENERAL INFORMATION (to be completed by all Applicants)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

All monetary values in this questionnaire are:  CAD  USD

Current Policy Term: \_\_\_\_\_

Description of Goods Carried	Percentage	Average Value Per Load	Max. Value Per Load
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____

**Methods of Transport:**

Domestic Truck/Rail \_\_\_\_\_ % Domestic Air \_\_\_\_\_ % *\* May trigger the need for Freight Forwarders E&O*

**Areas:**

Canada/USA \_\_\_\_\_ % Alaska \_\_\_\_\_ % Mexico \_\_\_\_\_ %

**Shipments:**

Standard Enclosed Trailer \_\_\_\_\_ % Flat Deck \_\_\_\_\_ % Temperature Controlled \_\_\_\_\_ %

Other (describe): \_\_\_\_\_

\* Is Reefer Breakdown Coverage Required?  Yes  No

**II. LIABILITIES UNDER CONTRACT**

Does the applicant issue a bill of lading?  Yes  No *Please attach full copy*

Does the applicant accept declared values?  Yes  No

If yes to the above, does the applicant pass down this valuation to the carrier?  Yes  No

Are standard trading conditions used and agreed upon with all your clients?  Yes  No

Does the applicant have any special contracts which impose greater liability from their standard trading conditions?  Yes  No  
*Please attach full copy*

Does the applicant have a broker-carrier agreement?  Yes  No *Please attach full copy*

Actual gross freight receipts for the current policy term: \$ \_\_\_\_\_  CAD  USD

Estimated gross freight receipts for the upcoming policy term: \$ \_\_\_\_\_  CAD  USD

**III. REQUESTED LIMITS OF LIABILITY**

Cargo Legal Liability / Contingent Cargo: \$ \_\_\_\_\_

Errors & Omissions: \$ \_\_\_\_\_

Requested Deductible Amount: \$ \_\_\_\_\_

**ADDITIONAL SERVICES:**

Customs Broker  Yes  No

Stuffing / Destuffing / Packing  Yes  No

Warehousing  Yes  No

Other \_\_\_\_\_

Has cover been cancelled or declined in the past?  Yes  No

Loss history for the past 5 years:

Check here  if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

Year	Losses Paid	Losses Outstanding	Details
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**FRAUD 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

---

**APPLICANT**

By: \_\_\_\_\_  
Signature and Title\* Printed Name of Authorized Representative

Date: \_\_\_\_\_

**\* This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

