

QUESTIONNAIRE – FREIGHT FORWARDERS

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

DESCRIPTION OF BUSINESS

1. Which categories best describes your business:

- | | | | |
|-------------------------|--------------------------|---|--------------------------|
| Truckers | <input type="checkbox"/> | Freight Forwarders or Handlers | <input type="checkbox"/> |
| Warehouses | <input type="checkbox"/> | Building or Premises Office
(occupied by employees of the insured) | <input type="checkbox"/> |
| Cold Storage Warehouses | <input type="checkbox"/> | | |

List any exposures not included in the categories above:

2. How many power units are in the business fleet? _____
3. Does the business have two or more losses in the past three years? Yes No
4. Does the business have a loss in the last year in excess of \$5,000, either reserved or paid? Yes No

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage.

5. Will you require blanket Additional Insured's, Primary or Non-contributory? Yes No
6. Is the business a moving company? Yes No
7. Do you haul hazardous or explosive materials, including ammunition, oil, gasoline, LPG, or pollutants?
 (Minor hazardous freight packaged in consumer packaging, and not requiring limits on Auto Liability in excess of \$1,000,000 by the Federal Department of Transportation are acceptable; e.g. janitorial supplies, cosmetics, batteries and paint.) Yes No
8. Does the business load or unload any watercraft or aircraft? Yes No
9. Are there any livery exposures, transporting people other than employees operating insured's vehicles.) Yes No
10. Will you require hired and non-owned coverage? Yes No
11. Does the business own or operate airplanes, watercraft or railroads? Yes No
12. Is the business an importer/exporter or a private warehouse that owns the goods that are being transported? Yes No
13. Is the business a warehouse open to the public, or accessed by people other than the insured's employees? Yes No



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

14. Does the business own or operate autos, but does not carry Auto Liability with minimum limits of \$1,000,000 CSL? Yes No
15. Does the business require warehouseman's legal liability? Yes No
16. Does the business require professional liability? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

 Applicant Signature Title Date

 Producer Signature Date

 Producer Name and Address