SOMPO

North American

Logistics Application



Please read this application carefully. Fully answer all questions and submit all requested information.

A. General Information

Company Name (as intended to appear on the policy):

Address:

Telephone Number:

Email Address:

Website:

Contact Name:

Effective Date:

- **Has your coverage ever been cancelled or non-renewed?** ☐ **Yes** ☐ **No**
- **Do you require foreign local policies?**
  If yes, provide foreign coverage/revenue breakdown by country. ☐ **Yes** ☐ **No**

Business Operations & Program Structure

	% of Operations	Revenue	Limit	Deductible	Expiring Limit	Expiring Deductible
Freight Broker						
Freight Forwarder (as Agent)						
Freight Forwarder (as Principal)						
NVOCC						
Indirect Air Carrier						
Customs House Broker						
Motor Carrier						
Warehouse Operator						
Errors & Omissions	**(N/A)**	**(N/A)**				
Other (please describe):						

Trailer Physical Damage	TIV	Limit	Deductible	Expiring Limit	Expiring Deductible

Shippers Interest	Annual Shipment Values	Limit	Deductible	Expiring Limit	Expiring Deductible

C. Supplemental Attachments Checklist (please provide as email attachments)

All Coverages	• 3+ years of loss runs for requested coverages • Income Statement & Balance Sheet
Cargo Legal Liability	• Master broker-carrier contract • Master broker-shipper contract • Any non-standard contracts • International BOLs and Airway Bills • Co-broker agreement (if applicable) • Carrier Vetting Procedures
Warehouse Legal Liability	• Warehouse SOV (addresses, COPE, commodities, avg/max TIV) • Master warehousing contract • 3rd-party warehousing contract
Trailer Physical Damage	• Trailer SOV
Shippers Interest	• 12 months of shipment reports

D. Conveyance & Geography

Conveyance	%
Motor Carrier	
Ocean Vessel	
Aircraft	
Rail Carrier	
Other (please specify):	

Geography	%
US/Canada	
Mexico/Latin America	
Europe	
Africa	
Middle East	
South Asia	
East Asia	
Australia/Oceania	

	Other (please specify):

E. Commodities

%			%
General Consumer Goods		**Pharmaceuticals**	
Refrigerated Consumer Goods		**IMO Hazardous Goods**	
Consumer Electronics		**Alcohol/Tobacco/Nicotine Products**	
Industrial Electronics (inclusive of data center equipment, server racks, batteries, etc.)		**Vehicles (commercial, passenger, recreational)**	
Machinery & Equipment		**Household Goods**	
Dry or Wet Bulk		Other (please specify):	
Bulk Metals (copper, steel, aluminum)			

F. Top Shippers/Carriers

Top Shippers by Revenue	Top Carriers by Load Count (include name and DOT#)
1.	**1.**
2.	**2.**
3.	**3.**
4.	**4.**
5.	**5.**

G. Carrier Vetting Procedures

Please indicate yes or no to the following:	Yes	No
Hired carriers have a min of 3 years of operating experience	☐	☐
Hired carriers maintain an active DOT motor carrier authority	☐	☐
You monitor carrier compliance using systems, such as: Highway, RMIS, etc.	☐	☐
You ensure carriers maintain active insurance that matches the requirements outlined in broker-carrier contract	☐	☐

Please describe your carrier removal protocol (due to non-compliance):	

Please describe any additional carrier vetting practices not outlined above:	

H. Warehousing

Please indicate yes or no to the following:	**Yes**	**No**
Do you contract with third-party warehouse operators? If yes, please provide contract.	☐	☐
Do you operate refrigerated storage facilities?	☐	☐
Do you have outdoor storage facilities?	☐	☐
Transloading/consolidation/packing/assembly?	☐	☐

I. Shippers Interest

Have you had SI coverage in the past?
If yes, please provide shipment reports and loss runs.

If no to the above, please provide the following:	
Estimated annual values shipped:	
Average shipment value:	
Maximum shipment value:	

State Fraud Statements

(United States Policies)

Alabama

Any person who knowingly presents a false or fraudulent claim for payment, or a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, and confinement in prison or any combination thereof.

Arkansas, Louisiana, Rhode Island, Texas, and West Virginia

Any person who knowingly 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 Department of Regulatory Agencies.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii

Intentionally or knowingly misrepresenting or concealing a material fact, opinion, or intention to obtain coverage, benefits, recovery, or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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.

Maine

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Maryland

Any person who knowingly and 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.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 Mexico

Any person who knowingly 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 civil fines and criminal penalties.

New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such 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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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.

Tennessee, Virginia, and 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.

Notice – Please Read Carefully

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his or her knowledge and belief, after diligent inquiry of each principal, partner, managing member, director, officer, and employee of the Applicant, the statements in this Application are true and complete and will be relied upon by the Insurer in issuing any policy.

The undersigned agrees that if the information provided in this Application changes between the time this Application is executed and the time the proposed insurance policy is bound or coverage is commenced, the Applicant will immediately notify the Insurer in writing of such changes, and that the Insurer may withdraw or modify any outstanding quotations or agreements to bind the insurance. The undersigned hereby authorizes the Insurer to make any inquiry in connection with the information, statements, and disclosures provided in this Application and further authorizes the release of claim information from any prior insurer to the Insurer.

The signing of this Application does not bind the Insurer to offer nor the undersigned to purchase the insurance, but it is agreed this Application shall be the basis of the insurance and shall be considered physically attached to and become part of the Policy should a policy be bound and issued. All attachments and information submitted to or obtained by the Insurer in connection with this Application are hereby incorporated by reference into this Application and made a part hereof.

This Application must be signed and dated by a principal, partner, managing member, or senior officer of the Applicant. Electronically reproduced signatures will be treated as original.

_____	
Date (Mo./Day/Yr.)	Authorized Signature
	_____
	Print or Type Name