

# DIAMOND BROKER APPLICATION



McGRIFF, SEIBELS & WILLIAMS, INC.

Phone: 888-515-2535 | Fax: 503-943-6622 | Email: diamondbrokersupport@mcgriff.com

1. Named insured (all covered entities):

2. Today's date:

3. Contact name and title:

4. Mailing address:

5. Phone:  Fax:  E-mail:

6. Date business started:

7. Number of offices?   
 List locations (city and state only acceptable):

8. Total Number of Employees (including Officers)?

9. Exposure Projections:

	<u>PREVIOUS 12 MONTHS</u>	<u>NEXT 12 MONTHS</u>
a) Estimated Average Load Values:	<input type="text"/>	<input type="text"/>
b) Estimated Number of Loads per Day:	<input type="text"/>	<input type="text"/>
c) Estimated Annual Gross Revenue:	<input type="text"/>	<input type="text"/>

10. Please list primary origins/destinations of freight handled:

11. What commodities are handled (please indicate below the percentages of each commodity handled):

Computers/Tablets/Laptops	<input type="text"/>
Cellular telephones/equipment	<input type="text"/>
Fine arts (excluding fragile articles)	<input type="text"/>
Household Electronics	<input type="text"/>
Watches, furs & fur garments, jewelry (except costume jewelry)	<input type="text"/>
Heavy Equipment	<input type="text"/>
Construction Materials	<input type="text"/>
Seafood Fresh or Frozen	<input type="text"/>
Perishable goods	<input type="text"/>
Live Plants	<input type="text"/>
Live Animals	<input type="text"/>
Clothing (high value)	<input type="text"/>
Household Appliances or Furniture	<input type="text"/>
Produce	<input type="text"/>
Manufacturing Equipment	<input type="text"/>
Flour, Grains, Meal, etc. in bulk or bags	<input type="text"/>
Metal Products (sheets, wire, tinplate, pipe, iron/steel angles, bars, girders, etc.)	<input type="text"/>
Household Goods and/or Personal Effects	<input type="text"/>
Vehicles, Boats or ATV	<input type="text"/>
Used and/or Reconditioned Goods	<input type="text"/>
Other (Please Specify)	<input type="text"/>

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12. Does any Client represent 25% of your company's annual income?  
If yes, please describe.

13. List of Primary Carriers you contract with:

14. Do you obtain certificates of insurance from authorized carriers?  Yes  No

15. Is the limit of liability shown on the carrier's certificate of insurance always equal to or greater than shipment assigned to the Carrier?  Yes  No

16. Are you currently enrolled and utilizing the CACCI System offered by ITS?  Yes  No

17. List all losses (paid or outstanding claims) during the last 3 policy years or provide 3 year currently valued (issued within the past 60 days) loss runs:

YEAR	AMOUNT PAID OR RESERVED	NO. OF CLAIMS	DETAILS OF LOSSES (OVER \$5,000)

18. Errors & Omissions Claims:

Is your company or any of its Partners, Directors or Officers aware of any incidents which have occurred that may give rise to a claim against your company or its past or present Partners, Directors or Officers? If Yes, please provide full details.

19. Note below the Coverage Type, Limits, Deductible required:

Coverage Type:

Shippers Interest

Limits:

\$100,000

\$250,000

\$500,000

Deductible:

\$1,000

\$2,500

\$5,000

Errors & Omissions

\$100,000

\$250,000

\$500,000

\$5,000

\$10,000

Contingent Motor Truck Cargo Legal Liability

\$100,000

\$250,000

\$500,000

\$1,000

\$2,500

\$5,000

Contingent Auto Liability

\$1,000,00

\$5,000

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20. Describe any major ongoing or projected changes to your operation:

We hereby declare that the above statements and any particulars given are true, that we have not suppressed or misstated any material facts and agree that this declaration shall be the basis of the contract between us and the insurer.

We understand that the proposed insurance shall apply only with respect to claims first made against the insured and reported during the policy period, or in certain circumstances during the extended reporting period, arising out of acts committed subsequent to the retroactive date.

This program contains "Punitive Damage Exclusions". Punitive damages are awarded to an injured party with the intent of punishing the wrongdoer. The damages are awarded in addition to "actual" damages (i.e., property damage, bodily injury, loss of use, pain & suffering, medical bills, etc.).

By offering this policy, MSW makes no judgment concerning the availability of this coverage from other insurance companies and you signing this application acknowledges your acceptance of this coverage exclusion.

Signed:

Date:

(Formal signature and title or position with the company)

COMMENTS/NOTES:

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