



Eagle Underwriting Group Inc.
 201 County Court Blvd., Suite 505
 Brampton, Ontario, Canada L6W 4L2
 Tel: (905) 455-6608
 Fax: (905) 455-5298
 Email: eagle@eagleunderwriting.com

Eagle Underwriting (Pacific) Inc.
 409 Granville Street, Suite 600
 Vancouver, B.C., Canada V6T 1T2
 Tel: (604) 683-0506
 Fax: (604) 683-0588

Application for Load/Transportation Broker Legal Liability Insurance

Section 3 – Business Description

Please describe your professional activities (state major contracts where appropriate)

Please estimate the percentage of your fees earned from any business activities other than those described above	%
Please indicate the geographical limits in which you operate	%
Number of Shipments Per Year	Average Value of Each Shipment (if known)
Range of Values	From To

In Canadian Dollars, please list the gross receipts for the past three years as well as the projected gross receipts for the current year

Year	Gross Receipts	Insurance Premium Paid
Current Projected		

Section 4 – Liabilities Under Contract

Please attach a copy of any standard contracts or the terms and conditions of trade on which you operate. In addition, please give details of any special contracts that impose greater liability on you than normally accepted.

Section 5 – Claims History

Please give details for the past five years of any loss or claim made against you or any previous partnership or circumstance likely to give rise to a professional negligence claim being made against you, whether insured or otherwise

Date of Loss	Amount Paid	Amount O/S	Circumstances



Eagle Underwriting Group Inc.
 201 County Court Blvd., Suite 505
 Brampton, Ontario, Canada L6W 4L2
 Tel: (905) 455-6608
 Fax: (905) 455-5298
 Email: eagle@eagleunderwriting.com

Eagle Underwriting (Pacific) Inc.
 409 Granville Street, Suite 600
 Vancouver, B.C., Canada V6T 1T2
 Tel: (604) 683-0506
 Fax: (604) 683-0588

Application for Load/Transportation Broker Legal Liability Insurance

Have you ever been declined insurance? If so, please attach special terms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have special terms been imposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 6 – Insurance Details			
Are you presently insured for professional indemnity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please state name of insurer	
Limit	Deductible	Expiration Date	
Length of time coverage has been in force			
Please state limit of liability required		Deductible Required	
Please provide any other information that may be relevant to the insurance of your business			
Applicant's Signature		Date of Signature	

This application does not bind the applicant or the company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be made a part of said policy. The undersigned applicant declares that to the best of his/her knowledge, the statements included in this application are true. The applicant further declares that if the information supplied on this application changes materially between the date of the application and the time at which a policy is issued, the applicant must notify the company of said changes.