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## Application for Load/Transportation Broker Legal Liability Insurance

Insurance for  
**Things That Move.™**

**IMPORTANT NOTE:** The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

### Section 1 – General Information

Applicant's Name	Broker's Name
Applicant's Mailing Address	Broker's Address
	Broker's Tel. No. (                      )
Nature of Business	Date Established
Applicant is an active member of the following trade or professional associations	
1)	2)
3)	4)

### Section 2 – Business Details

Please provide the following details concerning your business

Principals	Name	Age	Qualification/Experience

Number of Directors	Number of Branches in Canada
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Please provide names and addresses of any associated or subsidiary companies


### 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	%
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Please indicate the geographical limits in which you operate	%
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Number of Shipments Per Year	Average Value of Each Shipment (if known)
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Range of Values	From	To
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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

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
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## 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.**