Freight Broker / Freight Forwarder / 3PL
Supplemental Questionnaire

Applicant Name:	Effective Date:
What are your annual revenues? $	

1. Insurance Program

1. Do you maintain Freight Broker Errors & Omissions coverage?	☐ Yes ☐ No	
a. If yes: Carrier:	Limit:	
2. Do you maintain Contingent Auto Liability coverage?	☐ Yes ☐ No	
a. If yes: Carrier:	Limit:	

REQUIRED: Provide declaration pages for both coverages.

2. Carrier Selection & Management

3. Identify your top 3-5 motor carriers by volume or revenue:

Motor Carrier	USDOT/MC no.	% of Volume	% of Revenue

4. Describe your carrier onboarding and vetting process:

5. What criteria would disqualify a carrier from use?

6. Are FMCSA safety results and CSA scores monitored? ☐ Yes ☐ No

7. How often are carrier files reviewed or revalidated?

☐ Quarterly ☐ Semi-annually ☐ Annually ☐ Other:

3. Motor Carrier Agreements

8. Do your Motor Carrier Agreements require the following?

Requirement	Yes	No
Additional Insured status in favor of your company	☐	☐
Indemnification / Hold Harmless provisions	☐	☐
General Liability limits of $1M/$2M	☐	☐
Auto Liability limits of $1M CSL	☐	☐

Umbrella Liability limits of $5M	☐	☐

☐ **Executed Motor Carrier Agreement attached**

4. Operational Practices	
9. Do you utilize owner-operators?	☐ Yes ☐ No
10. Do company employees exercise dispatch authority over motor carriers?	☐ Yes ☐ No
11. Can a motor carrier reject a load?	☐ Yes ☐ No
12. Are motor carriers referred to as “partners” or “affiliates” in contacts, marketing materials, or communications?	☐ Yes ☐ No
13. Do you guarantee delivery performance?	☐ Yes ☐ No
14. Do you permit or engage in sub-brokering of loads?	☐ Yes ☐ No

5. Required Attachments	
☐	Freight Broker E&O declarations page
☐	Contingent Auto Liability declarations page
☐	Executed Motor Carrier Agreement
☐	Written carrier onboarding procedures, if available
☐	Written carrier vetting procedures, if available

Authorization Statement

I, being duly authorized by the company applying for coverage, declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

☐ I hereby agree to the above statement

Name:	Title:	Date:

Agent or Producer:

Name:	Title:	Date:

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