

Contingent Motor Truck Cargo Application

Section 1 - General Information

Name of Insured:

Name of Principal Owner:

Address:

City/State/Zip:

Phone: Fax:

Email / Website Address:

Date Business Established:

Please list any commonly owned companies:

Section 2 - Operation Information

Type of Operation: Freight Brokerage Freight Forwarding

DOT#: MC#:

Section 3 - Type of Freight Managed: (please be specific)

Type of Cargo	Average Value per load (\$)	Max Value per load (\$)	% of total loads
Machinery			
Tobacco			
Produce			
Chilled Food			
Frozen Food			
Building Materials			
Seafood			
Boats			
Containers			
Used Autos			
New/High Value Autos			
Household Goods			

The following interests are excluded under the basic policy form: Accounts, nills, debts, evidence of debt, letters of credit, passports, documents, railroad, other tickets, noted, money, securities currency, bullion, precious stones, jewelry &/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco cigards, cigarettes, non-ferrous metal in scrap or ingot form including copper in any form, furs, alcohol, liquor, beer, wine, garments (defined as: items of clothing including innerwear and outerwear, footwear, shoes, boots, gloves, hats and the like), seafood unless canned and electronics (defined as: all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopies, VCRs, hi-fi's, CD players and the like), pharmaceutical products and tires.

Are any of the above excluded Commodities managed by the applicant? Yes No

If yes, please describe:

Are any Hazardous Commodities handled by the applicant?

 Yes No

If yes, please describe:

Section 4 - Insurance Information

What steps do you take to verify Motor Carriers you do business with?

Estimated Gross Receipts for upcoming year:

Gross Receipts 3 prior years:

Has the Insured ever had coverage of this type cancelled or non-renewed?

 Yes No

If yes, please explain:

Limits of Coverage Required:

Deductible:

Refrigeration Breakdown:

 Yes No

Date Coverage Required:

Prior Insurance Carrier(s):

Loss History - Prior 3 Years (N/A is NOT acceptable, if NO LOSSES please indicate)

Additional Insureds &/or Waiver of Subrogation (A/I cannot be a motor carrier):

Additional Comments:

This application shall not be binding on the Underwriters unless and until a contract of Insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agreed to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

SIGNED AT

This _____ day of _____, 20

By: _____

By: _____

(APPLICANT)

Applicant should state official position

(AGENT)