

Contingent Cargo Application

APPLICANT INFORMATION

1. First Named Insured: _____
2. Mailing Address: _____
3. Years in Business: _____
4. Description of Operations: _____

5. Website Address: _____
6. Inspection Contact (Name): _____
7. Telephone: _____
8. Email: _____
9. USDOT Number: _____ MC/MX/FF Number(s): _____

GENERAL POLICY INFORMATION

1. Effective Date/Expiration Date: _____
2. Billing (Agency or Direct): _____
3. Payment Plan: _____

LIMITS OF LIABILITY

1. Limit of Property in Transit: \$ _____
2. Limit of Property in Terminals: \$ _____
3. Deductible: \$ _____
4. Anticipated Annual Gross Receipts: \$ _____
5. Do you arrange for refrigerated shipments? ☐ Yes ☐ No
If Yes, what percentage of total shipments: _____
6. Limit for Refrigerated Shipments: \$ _____
7. Coverage Requested for Any of the Following (select all that apply):

Adulterated Food ☐Parked Trailer ☐Theft by Carrier Employee ☐Errors and Omissions ☐

UNDERWRITING CONSIDERATIONS

A COPY OF THE BROKER-CARRIER AGREEMENT MUST BE PROVIDED WITH THIS APPLICATION.

1. Please describe your top 3-5 commodity types:

2. Do you specialize in any types of freight? ☐ Yes ☐ No

If Yes, describe: _____

3. If any of the following commodities are handled, please check below:

Aircraft or Watercraft ☐ Artwork ☐ Automobiles ☐
Consumer Electronics ☐ Tobacco Products ☐ Jewelry or Watches ☐
Live Animals ☐ Liquor ☐ Pharmaceuticals ☐

If Yes to the list above, please provide limit(s) requested: _____

4. Do you primarily use a specific carrier? ☐ Yes ☐ No

If Yes, provide carrier(s):

CARRIER	NUMBER OF YEARS	ANNUAL VOLUME

5. Do you secure a certificate of insurance from carriers prior to authorization? ☐ Yes ☐ No

6. Is the limit of cargo insurance shown on the carrier's certificate of insurance always equal to or greater than the value of the shipment? ☐ Yes ☐ No

7. Do you double broker loads? ☐ Yes ☐ No

8. Does your Broker-Carrier Agreement require full indemnification from the carrier for loss irrespective of whether there is insurance in place to pay that loss? ☐ Yes ☐ No

9. Does your Broker-Carrier Agreement require the carrier to have the bill of lading in the carrier's name as required by DOT and not in the broker's name, and do you reject any carrier that lists your brokerage on the bill of lading? ☐ Yes ☐ No

10. Do you or your dispatchers only use authorized or pre-qualified motor carriers? ☐ Yes ☐ No

11. Do you keep and annually update a file for each motor carrier utilized that contains a copy of:
- a. Motor carrier's operating authority? ☐ Yes ☐ No
 - b. The Broker-Carrier Agreement? ☐ Yes ☐ No
 - c. Certificate of Insurance? ☐ Yes ☐ No

12. Do you broker freight by air, sea, or rail? ☐ Yes ☐ No

13. Do you broker international freight? ☐ Yes ☐ No

PRIOR INSURANCE CARRIER INFORMATION (start with most recent year)

YEAR	INSURANCE CARRIER	PREMIUM	GROSS RECEIPTS	LOSSES Attach a minimum of 3 years of hard copy loss runs

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICANT

Name: _____

Position: _____

Address (City, State, Zip): _____

Signature: _____

Date: _____

AGENT

Name: _____

Position: _____

Address (City, State, Zip): _____

Signature: _____

Date: _____

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