

APPLICANT INFORMATION

First Named Insured: _____

Mailing Address: _____

Other Named Insureds: _____

Partnership/Corporation/Individual: _____

Years in Business: _____

Description of Operations: _____

Website Address: _____

Inspection Contact (Name): _____

Telephone: _____ Email: _____

Additional Interests (include names and interest such as loss payee, mortgagee, etc.):

GENERAL POLICY INFORMATION

Effective Date/Expiration Date: _____

Billing (Agency or Direct): _____

Payment Plan: _____

UNDERWRITING INFORMATION

Limits of Liability

Maximum any one Occurrence: \$ _____

MODES OF TRANSPORT	IF APPLICABLE CHECK YES	LIMITS
Owned Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Carriers for Hire	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Railroad	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Deductible: \$ _____

Refrigeration Breakdown Coverage needed?

☐ Yes ☐ No

If Yes, Reefer Limit: \$ _____ Deductible: \$ _____



Description of Property to be shipped: _____

MODES OF TRANSPORT	ANNUAL VALUES SHIPPED	AVERAGE VALUES PER SHIPMENT	MAXIMUM VALUES PER SHIPMENT
	Incoming and Outgoing Shipments Combined		
Owned Vehicles			
Aircraft			
Carriers for Hire			
Railroad			
Total			

BILL OF LADING	FULL VALUE	RELEASED VALUE
Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Carriers for Hire	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Railroad	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

- How many vehicles are operated by the Named Insured to transport the covered Property? _____
- Is there a vehicle maintenance program in place? ☐ Yes ☐ No
- Do they obtain MVR verification for drivers? ☐ Yes ☐ No
- Do drivers receive regular physicals? ☐ Yes ☐ No
- Do the vehicles have theft alarms? ☐ Yes ☐ No
- Are vehicles left locked when unattended? ☐ Yes ☐ No
- Are vehicles left loaded overnight? ☐ Yes ☐ No
- Will the Insured back haul Property of others? ☐ Yes ☐ No
- Describe the method of packing used: _____

TERMINAL COVERAGE

☐ Yes ☐ No

If Yes, complete below:

LOCATION	LOCATION ADDRESS	LIMIT
1		\$
2		\$
3		\$
4		\$
5		\$



TERMINALS CONTINUED

LOCATION	CONSTRUCTION TYPE	SQUARE FOOTAGE	PUBLIC PROTECTION CLASS	SPRINKLERED	SECURITY INFO
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PRIOR CARRIER INFORMATION

YEAR	CARRIER	POLICY NUMBER	PREMIUM	LOSSES Attach a minimum of 3 years of hard copy loss history

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: _____



Per Conveyance: \$ _____ Per Occurrence: \$ _____ Total Shipment Values: \$ _____

Leaving from: _____ Date Leaving: _____

Arriving at: _____ Date of Arrival: _____

Name of Carrier for the trip, if not the Insured: _____

Did the Carrier offer insurance for the trip? ☐ Yes ☐ No

Does the Carrier have Motor Truck Cargo Insurance? ☐ Yes ☐ No

• If Yes, did you secure a Certificate of Insurance? ☐ Yes ☐ No

• If Yes, what is the Carriers Motor Truck Cargo Limit: \$ _____

Describe the "Trip": (Mode of transport, packaging, route, etc.):

Mode of Transport:	
Packaging:	
Route:	
Additional Information:	

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: _____