



CONTINGENT CARGO LIABILITY APPLICATION

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|-------------------|------------------|
| Applicant's Name: | Agency Name: |
| Mailing Address: | Address: |
| City, State, Zip | City, State, Zip |
| Location Address: | Producer No: |
| City, State, Zip | Email: |

SECTION 1 – BUSINESS INFORMATION

| | | | | |
|----|--|---------------|----------------|-----|
| 1. | Years in Business: | Policy Term: | From: | To: |
| 2. | Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: | | | |
| 3. | I.C.C. Brokerage MC#: | Website: | | |
| 4. | Description of Operations: | | | |
| 5. | Annual Gross Receipts: | Current Year: | Previous Year: | |

SECTION 2 – CARGO LIMITS & DEDUCTIBLE REQUESTED

| | | |
|----|---------------------------|--|
| 1. | Limit Desired: | \$ |
| 2. | Deductible (\$1,000 min): | Refrigeration Breakdown Deductible: (\$2,500 min): |

SECTION 3 – GENERAL INFORMATION

| | | |
|----|---|--|
| 1. | Does applicant specialize in any one type of merchandise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, describe type: | |
| 2. | What carriers do you use? | |
| 3. | Does applicant obtain certificates of insurance from authorized carriers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Is the limit shown on the certificate of insurance equal to or greater than shipment assigned to the carrier? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | What commodities do you broker? (Please be specific and indicate percentage of gross receipts) | |
| | | % |
| | | % |

| | | | | | | | | |
|-----|---|--|--|---|--|--|--|---|
| 6. | Does applicant arrange shipments for the following? If yes, what percentage of total revenue? | | | | | | | |
| | Alcohol | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % | Appliances | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % |
| | Autos | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % | Electronics Devices | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % |
| | Furs | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % | Boats | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % |
| | Produce | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % | Explosives | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % |
| | Seafood | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % | Machinery | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % |
| | Tobacco Products | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % | Jewelry | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % |
| | Medical Supplies | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % | Hemp/Marijuana/CBD | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % |
| | Clothing | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % | Meats | <input type="checkbox"/> Yes <input type="checkbox"/> No | | % |
| 7. | Does the applicant arrange for refrigerated shipments? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, what percentage of total shipments? | | | % | | | | |
| 8. | Does the applicant arrange loads on flatbeds? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. | Is the applicant a member of any professional organization(s)? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list organization(s): | | | | | | | |
| 10. | What is the applicant's primary geographic territory (states)? | | | | | | | |
| 11. | Is the applicant responsible for any packing, loading or unloading? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, describe: | | | | | | | |
| 12. | Is the applicant a freight forwarder? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13. | Does the applicant broker loads outside the United States and Canada? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14. | Does the applicant own any warehouse(s) to store goods of others not being shipped or handled by the insured? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION 4 – PROHIBITED OPERATIONS

| | | |
|----|--|--|
| 1. | Is the applicant a moving company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Does the applicant haul hazardous or explosive materials, including but not limited to ammunition, oil, gasoline, LPG or pollutants? (Minor hazardous freight packaged in consumer packaging and not requiring limits on Auto Liability in excess of \$1,000,000 by the Federal Department of Transportation are acceptable; e.g. janitorial supplies, cosmetics, batteries and paint). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Does the applicant load or unload any watercraft or aircraft? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Are there any livery exposures, transporting people other than employees operating insured's vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Does the applicant own or operate airplanes, watercraft or railroads? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Is the applicant an importer/exporter or a private warehouse that owns the goods that are being transported? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Is the applicant a warehouse open to the public, or accessed by people other than the insured's employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 5 – GENERAL LIABILITY SECTION (if applicable)

| | |
|----|---|
| \$ | Each Occurrence |
| \$ | General Aggregate |
| \$ | Products/Completed Operations Aggregate |
| \$ | Personal and Advertising Injury |
| \$ | Damage to Premises Rented to You |
| \$ | Med Pay |

SECTION 6 – PRIOR INSURANCE CARRIER/LOSS HISTORY

| Date of Loss | Description of Loss | Amount Paid/ Reserve | Open/ Closed |
|--------------|---------------------|-------------------------|-----------------|
| | | | |
| | | | |
| | | | |

Attach the following documents for those arrangement you already have in place:

- Copy of broker agreement(s)
- Bills of lading issued to the motor carrier
- Certificates of insurance (or similar) indicating the motor carrier(s) with whom you are contract have purchased limits equal to or greater than the cargo being transported.

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Applicant's Signature _____

Date: _____

Agent's Signature _____

Date: _____