CONTINGENT CARGO & CONTINGENT AUTO APPLICATION

Use space on last page or attach an extra sheet if there is insufficient space for answers.

TRANSPORTATION INSURORS
A DOXA COMPANY

Name of Applicant _____ doing business as

Company _____ Year Established _____

Email Address _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____ DOT Number _____

1. Effective Date (mm/dd/yyyy): _____

2. Owner Name _____ Phone Number _____
   Address _____
   City _____ State _____ Zip Code _____ D.O.B. _____
   Gender? ☐ Male ☐ Female *(Gender is required for our National Driver's Association Program)*

3. Give gross receipts in respect of your trucking operations for past 5 years:

Year	Gross Receipts Own Haul	Gross Receipts Subcontracted Out	Total Gross Receipts All Operations
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

4. List by category and percentage of the total loads brokered.

Type of Cargo	Average Value per Load	Maximum Value per Load	% of Total Load
Machinery	$	$	%
Tobacco	$	$	%
Produce	$	$	%
Chilled Food	$	$	%
Frozen Food	$	$	%
Building Materials	$	$	%
	$	$	%
	$	$	%
	$	$	%
	$	$	%

If other, please give details: _____
_____
_____

5. Contingent Cargo Limit Required (Choose One): ☐ $100,000 ☐ $250,000
   a. Reefer Coverage Needed? ☐ YES ☐ NO

6. Contingent Auto Limit $1,000,000? ☐ YES ☐ NO

7. Please provide your loss experience, whether insured or not, for the past 5 years, **FROM 1st DOLLAR / NO DEDUCTIBLE.**

Year _____ Paid $_____ Outstanding $_____
Details _____

Year _____ Paid $_____ Outstanding $_____
Details _____

Year _____ Paid $_____ Outstanding $_____
Details _____

Year _____ Paid $_____ Outstanding $_____
Details _____

Year _____ Paid $_____ Outstanding $_____
Details _____

8. Are details of claims within deductible ('over, shortage and damage') maintained? ☐ YES ☐ NO
If 'YES', please give details for the past 3 years:

Year _____ Paid $_____ Outstanding $_____
Details _____

Year _____ Paid $_____ Outstanding $_____
Details _____

Year _____ Paid $_____ Outstanding $_____
Details _____

9. Has any insurer within the past 5 years non-renewed or cancelled insurance to the applicant?
   ☐ YES ☐ NO If 'YES', please give details: _____
   _____

10. Please give details of your existing coverage:

Carrier _____
Existing Deductible $_____ Existing Limit $_____ Existing Rate _____
Renewal Offered _____ Expiring Date (mm/dd/yy) _____

11. If this a New Venture, please provide details of the principal prior experience working in a brokerage. *(Minimum prior experience required is 3 years.)* _____
_____

I/we hereby declare that the statements and particulars given in this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld, or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in pattern or my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of this contract.

Applicant's Signature: _____ Date: _____

BROKER INFORMATION

Agent Signature _____ Date _____

Agency _____ Contact _____

Email Address _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Continued From Questions _____

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