

COVERAGE ☐ Contingent Cargo ☐ Contingent Auto \$1M Limit

Name of Applicant: _____ doing business as

Company: _____ Effective Date: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

DOT #: _____ Freight Forwarder #: _____ Years in Business: _____

Name of Owner: _____ DOB: _____ Gender*: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Is the owner also a driver? ☐ Yes ☐ No

**Gender is required for our National Driver's Association Driver Program*

1. Has your CC or CA insurance been cancelled or non-renewed, for any reason, in the past 3 years? ☐ Yes ☐ No

DATE	INSURANCE CARRIER	REASON FOR NOTICE OF CANCEL / NON-RENEWAL

2. Limits of Liability: \$ _____ For Property in Transit \$ _____ For Property in Terminals
\$ _____ For Anticipated Gross Receipts \$ _____ Deductible

a. Do you arrange for Refrigerated Shipments? ☐ Yes ☐ No

_____ % of Shipments \$ _____ Limit for Refrigerated Shipments

b. Do you ever carry loads valued greater than the cargo insurance limit requested? ☐ Yes ☐ No

3. Please provide gross receipts in respect of your trucking operations for the past 3 years.

YEAR	OWN HAUL	SUBCONTRACTED OUT	TOTAL ALL OPERATIONS
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

4. Please list cargo by category and percentage of the total loads brokered.

TYPE OF CARGO HAULED	AVG. VALUE PER LOAD	MAX VALUE PER LOAD	% OF TOTAL LOAD
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

4. Please provide loss experience, whether insured or not, for the past 3 years.

YEAR	PAID	OUTSTANDING	DETAILS
	\$	\$	
	\$	\$	
	\$	\$	

5. Please provide prior carrier information.

CARRIER	EFFECTIVE DATE	EXPIRATION DATE	POLICY #	PREMIUM
				\$
				\$
				\$

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

6. Please give details of existing cargo coverage.

Insurance Carrier: _____ Expiring Date: _____

Deductible: \$ _____ Limit: \$ _____ Rate: _____ Renewal Premium Offered: \$ _____

TRUCK INSURANCE APPLICATION SUPPLEMENT

By signing this application, you agree that the facts stated in the application are correct and accurate. Should we issue a policy, this application shall be the basis of the contract between you and us, and shall be void if you have concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof or in any case of fraud, attempted fraud swearing by you touching upon any matter relating to this insurance or the subject thereof, whether before or after an accident or loss.

APPLICANT'S SIGNATURE: _____ DATE: _____

BROKER INFORMATION

Agent's Signature: _____ Date: _____

Agency: _____ Agency Contact: _____

Email Address: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____