

DOMESTIC TRANSIT CARGO INSURANCE APPLICATION



Applicant: _____ **Producer:** _____
Address: _____

Website: _____

Proposed Effective Date: _____

Property Description: _____

Packing Description: _____

Modes: _____ % TRUCK **Percentage split between FTL/LTL:** _____
_____ % RAIL _____ % AIR _____ % INTERMODAL

Values/Routes:

From	To	Annual Values
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Limits:

Any one Conveyance: _____
Any one Location: _____
Any one Occurrence: _____

Deductible Requested: _____

Is coverage required during warehousing, processing or at third party locations? If yes:

Location No. 1: Address: _____

Operator of premises: _____

Location's function (warehouse, processing, etc.): _____

Values: \$ _____ Average
\$ _____ Maximum

Location No. 2: Address: _____

Operator of premises: _____

Location's function (warehouse, processing, etc.): _____

Values: \$ _____ Average
\$ _____ Maximum

(If there are additional locations, please attach additional schedule)

Loss Experience: Attach previous insurer's loss exhibit for last 5 years.

I acknowledge that any quotation that may be made by underwriters is based upon the above information, and any misrepresentation and/or omission may prejudice and/or void coverage. and I certify that the information provided is, to the best of my knowledge, accurate and correct.

Signature

Title

Date

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