

DOMESTIC TRANSPORTATION INTERMEDIARY

Shippers' Interest/Contingent Liability Cargo Insurance Application



Applicant: _____ Effective Date: _____

Address: _____

Website: _____

Years in Business: _____ Annual Gross Revenue-Next Year: _____

Annual Gross Revenue-Last Year: _____

Broker Authority No. _____

Have Forwarder authority/#? _____

Have Carrier authority/#? _____

List five top Commodities Shipped: _____

Major Origins/Destinations: _____

Loss Experience:

	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Previous Insurer: _____

Limits Requested: _____

Deductible: _____

Attach copies of Brokerage and Carrier Agreements used.

I hereby certify that the foregoing is a good faith representation of the information requested.
I acknowledge that if this insurance is effected, material misrepresentation or concealment of any information voids this insurance.

(Name / Title)

Date