



Date : _____



APPLICANT INFORMATION

Applicant's Name: _____ Agency Name: _____

DBA: _____ Address: _____

Address: _____

Phone: _____ Phone: _____

PROPOSED EFFECTIVE DATE:

FROM _____ To _____

12:00 A.M Standard Time At The Address Of The Applicant

APPLICATION FOR CONTINGENT CARGO INSURANCE

Coverage is not available for a Freight Forwarder requiring a filing

☐ Name of Applicant: _____

☐ Mailing Address: _____

☐ Telephone: _____

☐ Contact Name: _____

☐ Business Location: _____

☐ Years in Business: _____ Policy Term: _____ To _____

☐ Description of Operations: _____

☐ **Insured is:** ☐ Individual: ☐ Partnership: ☐ Corporation: ☐ Joint Venturia: ☐ LLC:

☐ I.C.C Brokerage MC# _____ US Dot # _____

☐ Limit Of Insurance Desired: _____

☐ Per Loss or casualty: ☐ \$ 100,000 ☐ \$ 150,000 ☐ \$ 200,000

☐ \$ 250,000 ☐ \$ 300,000 ☐ \$ 500,000

☐ Deductible Amount Desired (\$ 1000 minimum) : \$1,000

☐ Refrigeration Breakdown Deductible (if applicable) : \$ N/A