



Date : _____



If yes, list organization(s): _____

What is the Applicant's primary geographic territory (states)? _____

If Applicant responsible for any packing, loading or unloading? [] **Yes** [] **No**

If yes, please describe: _____

Prior Carrier: _____

Losses past 3 years: _____

Details: _____

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company. The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this information.

Applicant's Signature

Date

Agent's Signature

Date