



Commonwealth
Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
Fax: 888-359-6994
www.commund.com

APPLICATION FOR CONTINGENT CARGO INSURANCE

Name of Applicant: _____

I.C.C. Brokerage MC#: _____

Contact Name: _____

Mailing Address: _____

Telephone: _____

Fax Number: _____

Policy Term: From: _____

To: _____

Commodities Brokered (please be specific): _____

Limit of Insurance Desired:

A. Per trailer, group of trailers, motor truck or tractor: \$_____

B. Per loss or casualty: \$_____

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

Annual Gross Receipts

2 Years Ago: \$_____

1 Year Ago: \$_____

Est. Present Year: \$_____

\$_____ Cargo Limit Truck Broker Requires Of Trucker (insured will be required to monitor and confirm that the requested limit is in force for ALL shipments and conveyances transported by truckers that this insurance would be contingent.)

Does Applicant specialize in any one type of Merchandise? ☐ Yes ☐ No

If yes, describe type: _____

Does Applicant primarily use a particular carrier? ☐ Yes ☐ No

If yes, give name of carrier: _____

Does Applicant obtain certificates of insurance from authorized carriers? ☐ Yes ☐ No

Is the limit of liability shown on the carrier's certificate of insurance always equal to or greater than shipment assigned to the Carrier? ☐ Yes ☐ No

Does Applicant arrange shipments for the following:

If yes, what percentage of total revenue?

Autos: ☐ Yes ☐ No _____% Boats: ☐ Yes ☐ No _____%

Electronics (TV's, VCR's, Stereos, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Explosives: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Furs: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Jewelry: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Liquor: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Machinery: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Produce: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Pharmaceuticals: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Seafood: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Swinging Beef: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Tobacco Products: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	

Does Applicant arrange for refrigerated shipments? ☐ Yes ☐ No

If yes, what percentage of total shipment? _____%

Does Applicant arrange loads on flatbeds? ☐ Yes ☐ No

Is Applicant a member of any professional organization(s)? ☐ Yes ☐ No

If yes, list organization(s): _____

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

Is Applicant responsible for any packing, loading or unloading? ☐ Yes ☐ No

If yes, please describe: _____

IMPORTANT: PLEASE ATTACH CLAIMS INFORMATION FOR THE LAST 3 YEARS.

Applicant's Signature

Date

Agent's Signature

Date



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