



Commonwealth
Underwriters Ltd.

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TRANSPORTATION APPLICATION

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ TELEPHONE: _____

LOCATION ADDRESS: _____

YEARS IN BUSINESS: _____ POLICY TERM: _____ TO _____

DESCRIPTION OF OPERATIONS: _____

INSURED IS: _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ JOINT VENTURE.

ANNUAL GROSS TRANSPORTATION RECEIPTS \$ _____

DESCRIPTION OF GOODS TO BE INSURED: _____

POINTS OF SHIPMENT: _____

PLACES OF DESTINATION: _____

COVERAGE DESIRED

\$ _____ AMOUNT OF DEDUCTIBLE

LIMIT OF LIABILITY

\$ _____	ANY ONE AIRCRAFT:
\$ _____	ANY ONE MOTOR TRUCK AND/OR TRAILER (NOT OWNED BY APPLICANT:
\$ _____	ANY ONE RAILROAD CAR:
\$ _____	ANY ONE LOSS, DISASTER OR CASUALTY

*TO BE COVERED SEPERATLY UNDER MOTOR TRUCK CARGO COVERAGE

TOTAL ANNUAL VALUES

INCOMING SHIPMENTS AT RISK: \$ _____	OUTGOING SHIPMENTS: \$ _____
PERCENT OF OUTGOING SHIPMENT SENT F.O.B. POINT OF ORIGIN: _____ %	ARE OUTGOING F.O.B. SHIPMENTS TO BE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL AMOUNT

METHOD OF SHIPMENT	INCOMING	OUTGOING	INTERPLANT OR WAREHOUSE	IS RELEASED OR FULL VALUE BILL OF LADING USED? IF RELEASED STATE BASIS
RAILROAD FREIGHT	\$ _____	\$ _____	\$ _____	_____
PUBLIC TRUCKMEN	\$ _____	\$ _____	\$ _____	_____
WATERBORNE CARRIERS	\$ _____	\$ _____	\$ _____	_____
AIR FREIGHT VIA SCHEDULED CARRIERS	\$ _____	\$ _____	\$ _____	_____
REA EXPRESS	\$ _____	\$ _____	\$ _____	_____
REA AIR EXPRESS	\$ _____	\$ _____	\$ _____	_____
CONTRACT CARRIERS	\$ _____	\$ _____	\$ _____	_____

LOSS HISTORY

LOSSES PAST THREE YEARS:	DATE OF LOSS	DETAILS	CARRIER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR CARRIER

HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" GIVE DETAILS: _____	
PRESENT CARRIER: _____	EXPIRING PREMIUM: _____
RATE: _____	DEDUCTIBLE: _____

REMARKS-COMMENTS: _____

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 INSURANCE.

SIGNATURE OF APPLICANT: _____ DATE: _____

AGENCY NAME: _____

ADDRESS: _____