



Commonwealth
Underwriters Ltd.

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APPLICATION FOR CONTINGENT CARGO INSURANCE

Coverage is not available for a Freight Forwarder requiring a filing.

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.

I.C.C. Brokerage MC#: _____

Limit of Insurance Desired:

A. Per loss or casualty: \$ _____

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

Refrigeration Breakdown Deductible (if applicable): \$ _____

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

Commodities Brokered (please be specific): _____

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.): ☐ Yes ☐ No ____% Explosives: ☐ Yes ☐ No ____%

Furs: ☐ Yes ☐ No ____ Jewelry: ☐ Yes ☐ No ____%

Liquor: ☐ Yes ☐ No ____ Machinery: ☐ Yes ☐ No ____%

Produce: ☐ Yes ☐ No ____% Pharmaceuticals: ☐ Yes ☐ No ____%

Seafood: ☐ Yes ☐ No ____% Swinging Beef: ☐ Yes ☐ No ____%

Tobacco Products: ☐ Yes ☐ No ____% Clothing: ☐ Yes ☐ 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: _____

Prior Carrier: _____

Losses past 3 years: Date of Loss 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 insurance.

Applicant's Signature

Date

Agent's Signature

Date