



ESSEX INSURANCE COMPANY

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