



Red Shield Insurance Company®

1411 SW Morrison St, Ste 400
Portland, OR 97205-1945
800-527-7397 • FAX 800-742-5176

CONTINGENT CARGO LEGAL LIABILITY

Policy No.	Proposed Effective and Expiration Date From: _____ To: _____	Status of Submission <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code
Applicant's Name		Agent Name	
Business Name / DBA		Agent Address	
Mailing Address			
		Agent's Phone No.	
Applicant's Phone No. Home: _____ Work: _____		Have you insured this account before: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Social Security No.	Applicant's Occupation / DBA	Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires premium or installment plan down payment)	
Years in Business	Years of Experience	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)	
Business Description: <input type="checkbox"/> Freight Broker <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Other _____		Accounting Records Name: _____ Contact Phone: _____	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other		Inspection Records Name: _____ Contact Phone: _____	

REQUIREMENTS IMPOSED ON MOTOR CARRIERS - PROVIDE COPY OF STANDARD AGREEMENT WITH MOTOR CARRIERS

What percentage of carriers, to whom loads are brokered, use this contract/agreement? _____ %
Describe any agreements, including with which carriers or shippers, when there may be deviations from the standard contract:
Are current certificates of insurance required from the motor carriers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who issues the bill of lading/contract of carriage to the shipper? <input type="checkbox"/> Broker <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Other
If the motor carrier issues the bill of lading, are copies obtained from the carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No

SELECTION AND MONITORING OF MOTOR CARRIERS

Coverage form required of motor carriers to whom loads are brokered: <input type="checkbox"/> None <input type="checkbox"/> All Risk/Broad Form <input type="checkbox"/> Named Perils
What is the motor carrier's stipulated liability for the loads hauled? <input type="checkbox"/> Full Value Bill of Lading <input type="checkbox"/> Released Value Bill of Lading
Limits required of motor carriers to whom loads are brokered: Limit, any one vehicle: _____ Limit, any one occurrence: _____
Limit, any named terminal: _____ Limit, any unnamed terminal: _____
Special coverages required: <input type="checkbox"/> Refrigeration Breakdown <input type="checkbox"/> Loading/Unloading <input type="checkbox"/> Theft <input type="checkbox"/> Other
Deductible _____ Peril: _____ Peril: _____
Commodities: _____ Radius: _____

PROVIDE TOTAL GROSS RECEIPTS AS FOLLOWS:

YEAR	TRANSIT	STORAGE	HANDLING
Prior 12 months			
Next 12 months (anticipated)			

COVERAGE INFORMATION

Limit, any one vehicle: Deductible:	Limit, any one occurrence: Loading/Unloading: <input type="checkbox"/> Yes <input type="checkbox"/> No
Limit, refrigeration breakdown: Deductible:	Limit, any one named terminal: Limit, any unnamed terminal:
Named Terminal(s):	

PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? Yes No

If YES, explain:

Explain any periods when insurance was not in place:

How long has current management operated this business? Years

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past five years, which would have been recoverable under this type of insurance)

Date of Loss	Carrier	Loss Amount	Open / Closed	Description of Loss	Deductible	Amount Paid

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____

****COPY OF STANDARD CONTRACT/AGREEMENT WITH MOTOR CARRIERS MUST ACCOMPANY APPLICATION****