

Red Shield Insurance Company® 9755 SW Barnes Road, Suite 390 Portland, OR 97225-6627 800.527.7397 • 503.226.4146 submissions@redshield.com

# **CONTINGENT CARGO LEGAL LIABILITY**

**Clear Form** 

Policy No.:	Proposed Effective and Expiration I From: To:	Date:	Status of Submi	ission: Bind Issue	Agent Code:		
Applicant's Name:			Agent Name:				
Business Name / DBA:			Agent Address:				
Mailing Address:							
	Agent's Phone No.:						
	Have you insured this account before? ☐ Yes ☐ No						
Applicant's Phone No. Home: Work:	Billing Status:  Agency Bill  Direct Bill  (Direct Bill requires full premium or installment plan down payment)						
Years in Business:	ears in Business: Years of Experience:		Company Installment Plan Requested? ☐ Yes ☐ No If YES, ☐ 8 Pay ☐ 10 Pay (20% Down Payment Required)				
Inspection Records Name: Contact Phone:	Accounting Records Name: Contact Phone:						
Type of Business		· I					
☐ Individual ☐	Corporation	☐ Join	it Venture	☐ Partnership	☐ Other		
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?							
Who issues the bill of lading/contract of carriage to the shipper?   Broker Freight Forwarder Motor Carrier  Other							
If the motor carrier issues the bill of lading, are copies obtained from the carrier?							
SELECTION AND MONITORING OF MOTOR CARRIERS							
Coverage form required of motor ca	rriers to whom loads are brokered:	☐ None	☐ All Risk/B	road Form	☐ Named Perils		
What is the motor carrier's stipulated liability for the loads hauled?							
Limits required of motor carriers to whom loads are brokered:  Limit, any one vehicle:  Limit, any one occurrence:							
Limit, any named terminal:	Limit, a	iny unnamed	terminal:				
Special coverages required:	Refrigeration Breakdown	ding/Unloadir	ng 🗌 Theft	☐ Other			
Deductible	Peril:		Peril:				
Commodities:				Radius:			

### CONTINGENT CARGO LEGAL LIABILITY

### PROVIDE TOTAL GROSS RECEIPTS AS FOLLOWS:

PROVIDE TOTAL	GINOSS INLULIE	13 A3 I OLLOWS.							
YEAR	TR	ANSIT	STORAGE			HANDLING			
									_
Prior 12 months									
Next 12 months (anticipated)									
COVERAGE INFO	RMATION								
Limit, any one vehicle:		Limit, any one occurrence:							
Deductible:		Loading/Unloading:							
Limit, refrigeration breakdown:			Limit, any one named terminal:						
Deductible:			Limit, any unnamed terminal:						
Named Terminal(s):									
PRIOR/CURRENT INSURANCE COMPANY INFORMATION									
TYPE OF CO	TYPE OF COVERAGE CARRIER		R	FROM		то	PREMIUM		
									_
Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you?									
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)

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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
5 5 7	ned premiums developed from the binding of this application. Producer best of the producer's ability, is confident that all information given is
PRODUCER'S SIGNATURE	Date

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

**Clear Form** 

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