

**Red Shield Insurance Company®**

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**TRANSPORTATION
APPLICATION**[Clear Form](#)**APPLICANT INFORMATION**

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.:			
				Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's Phone No. Home: Work:				Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full 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)			
Inspection Records Name: Contact Phone:				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							

UNDERWRITING INFORMATION

Property Covered:					
Average Value per Shipment:		Maximum Value per Shipment:		Annual Values Shipped:	
Mode of Shipment/Percentage:		<input type="checkbox"/> Aircraft %		<input type="checkbox"/> Owned Vehicles %	
		<input type="checkbox"/> Railroad %		<input type="checkbox"/> Motor Carrier / Carrier for Hire %	
Contract Terms:		<input type="checkbox"/> Full Value		<input type="checkbox"/> Released Value	
Preparation of Shipment performed by: <input type="checkbox"/> Applicant <input type="checkbox"/> Shipper / Manufacturer <input type="checkbox"/> Carrier <input type="checkbox"/> Other					
Describe how Covered Property is Packaged / Crated:					
Describe how Covered Property is Loaded / Secured:					
Radius / Distance:		Miles			
If "One-Shot" / Trip Transit, provide Duration of Shipment: <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months					
Shipped From:		Shipped To:		Date of Shipment:	

SCHEDULE OF OWNED VEHICLES	YEAR	MAKE	MODEL	VIN #

PROVIDE APPROPRIATE SHIPMENT INFORMATION AS FOLLOWS:

YEAR	ANNUAL VALUES SHIPPED (OWNED PROPERTY)	ANNUAL GROSS SALES (SOLD AND UNSOLD)	ANNUAL GROSS RECEIPTS (PROPERTY OF OTHERS)
Prior 12 months			
Next 12 months (anticipated)			

COVERAGE INFORMATION

Limit, Any One Aircraft:	Limit, Any One Owned Vehicle:
Limit, Any One Carrier for Hire:	Limit, Any One Railroad Car: Limit, Any One Train:
Terminal Location: Limit:	Terminal Location: Limit:
Limit, Any One Catastrophe:	Comments:
Deductible:	Reporting Conditions: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual

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:

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 (O) Closed (C)	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 producer's ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE _____ Date _____

Clear Form