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## Contingent Auto Liability Application

### Section 1 – General Information

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email / Website address: \_\_\_\_\_

Date business established: \_\_\_\_\_

Please list any commonly owned companies: \_\_\_\_\_

### Section 2 – Operation Information

Type of Operation:      Freight Brokerage      Freight Forwarding

Filing Required?      Yes      No      DOT #: \_\_\_\_\_

Type of Freight Managed:

What steps do you take to verify the Motor Carriers you do business with?

Estimated Gross Receipts for upcoming year: \$ \_\_\_\_\_

Gross Receipts last Year: \$ \_\_\_\_\_

**Section 3 – Insurance Information**

Have the insured ever have coverage of this type cancelled or non-renewed?      Yes      No

If Yes, Explain:

Limits of Coverage Required:      \$750,000      \$1,000,000

Date Coverage Required: \_\_\_\_\_

Prior Insurance Carrier(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loss History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments:

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

SIGNED AT:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_  
(APPLICANT)  
(Applicant should state official position)

AGENT: \_\_\_\_\_

Location of Agency: \_\_\_\_\_

**Contingent Auto Liability Due Diligence Acknowledgement Endorsement**

This endorsement becomes part of and is attached to the Contingent Auto Liability Policy.

By signing this endorsement the Insured is acknowledging that they have been made aware of and are familiar with the Due Diligence requirements of this policy.

***In order for coverage to be effective you must have the "Contingent Auto Liability Brokered Load Check List" completed and verified by the Insurance Agent/ Broker and /or a currently dated Certificate of Insurance including the specific Vehicle including the Vehicle Identification Number (VIN) listed on the certificate or, "Any Auto" indicated, in your possession prior to the time of the loss.***

Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Agent: \_\_\_\_\_

Date: \_\_\_\_\_