



PO Box 100, Monticello IN 47960 Phone: 877-498-6900 Fax: 866-763-6576  
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## General 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      Trucker

DOT #: \_\_\_\_\_

Type of Freight Managed:

Estimated gross receipts for upcoming year: \$ \_\_\_\_\_

Gross receipts last year: \$ \_\_\_\_\_

Total estimated units for upcoming year: \_\_\_\_\_

Total units for 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:      \$1,000,000/1,000,000      \$1,000,000/\$2,000,000

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: \_\_\_\_\_

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended (TRIA), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102 (1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019; 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTABLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD 100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES FOR ALL INSURERS EXCEED USD 100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAG IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

\_\_\_\_\_ I hereby elect to purchase coverage for acts of terrorism for a prospective premium of  
USD \_\_\_\_\_

\_\_\_\_\_ I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I  
will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicants Signature

\_\_\_\_\_  
Print Name of Risk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number