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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 Insureds &/or Waiver of Subrogation (**A/I cannot be a motor carrier**): _____

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: _____

Contingent Coverage Brokered Load Check List

Section 1: Unit Owner/Driver Information

Name: _____

Address: _____

Phone: _____

VIN: _____

Section 2: Regulated Carrier Information

Name: _____

Address: _____

Phone: _____

Contact: _____

MC/DOT #: _____

Section 3: Insurance Coverage Information

Name of Insurance Company: _____

Policy #: _____

Effective Dates: _____

Limits: _____

Agent/Broker Name: _____

Phone #: _____

Contact Name: _____

Date & Time Coverage was verified & Certificate of Insurance Requested from Agent/Broker: _____

Signed: _____ Date: _____

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