



PO Box 100, Monticello IN 47960 Phone: 877-498-6900 Fax: 866-763-6576
email:thom@tcbip.com

Contingent Auto Liability Application

Section 1 – General Information

Name of Insured: _____

Name of Principal Owner: _____

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

Has the insured ever had 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: _____