



ESSEX INSURANCE COMPANY

APPLICATION FOR CONTINGENT CARGO INSURANCE

Name of Applicant: _____
 I.C.C. Brokerage MC#: _____
 Contact Name: _____
 Mailing Address: _____
 Telephone: _____ Fax Number: _____
 Policy Term: From: _____ To: _____

Commodities Brokered (please be specific): _____

Limit of Insurance Desired:
 A. Per trailer, group of trailers, motor truck or tractor: \$ _____
 B. Per loss or casualty: \$ _____
 Deductible Amount Desired (\$1,000 minimum): \$ _____

Annual Gross Receipts
 2 Years Ago: \$ _____ 1 Year Ago: \$ _____ Est. Present Year: \$ _____

\$ _____ Cargo Limit Truck Broker Requires Of Trucker (insured will be required to monitor and confirm that the requested limit is in force for ALL shipments and conveyances transported by truckers that this insurance would be contingent.)

Does Applicant specialize in any one type of Merchandise? Yes No

If yes, describe type: _____

Does Applicant primarily use a particular carrier? Yes No

If yes, give name of carrier: _____

Does Applicant obtain certificates of insurance from authorized carriers? Yes No

Is the limit of liability shown on the carrier's certificate of insurance always equal to or greater than shipment assigned to the Carrier? Yes No

Does Applicant arrange shipments for the following:
 If yes, what percentage of total revenue?
 Autos: Yes No _____% Boats: Yes No _____%

Electronics (TV's, VCR's, Stereos, etc.): <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Explosives: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Furs: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Jewelry: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Liquor: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Machinery: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Produce: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Pharmaceuticals: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Seafood: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Swinging Beef: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Tobacco Products: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	

Does Applicant arrange for refrigerated shipments? Yes No

If yes, what percentage of total shipment? _____%

Does Applicant arrange loads on flatbeds? Yes No

Is Applicant a member of any professional organization(s)? Yes No

If yes, list organization(s): _____

What is the Applicant's primary geographic territory (states)? _____

Is Applicant responsible for any packing, loading or unloading? Yes No

If yes, please describe: _____

IMPORTANT: PLEASE ATTACH CLAIMS INFORMATION FOR THE LAST 3 YEARS.

Applicant's Signature

Date

Agent's Signature

Date