



# 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