

DOMESTIC TRANSPORTATION INTERMEDIARY



3rd Party Logistics Managers Legal Liability Insurance Application

Applicant: _____ Effective Date: _____

Address: _____

Website: _____

Years in Business: _____

Annual Gross Revenue-Next Year: _____

Annual Gross Revenue-Last Year: _____

Broker Authority No. _____

Have Forwarder authority/#? _____

Have Carrier authority/#? _____

Top 10 Commodities Shipped by volume: _____

Major Origins/Destinations: _____

Provide details of any refrigerated/heated cargoes: _____

Provide details of any Hazardous or Oversized Cargoes: _____

Describe any special services provided (warehousing, fulfillment, labelling, etc.), and provide copy of the services agreements for each.

Loss Experience:

	<u># of Claims</u>	<u>Total Amount of Losses</u>	<u>Causes of Loss</u>
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Previous Insurer: _____

Limits Requested: _____ Per Trailer or Container
_____ Per Occurrence

Deductible Desired: _____

Attach copies of Brokerage and Carrier Agreements used.

I hereby certify that the foregoing is a good faith representation of the information requested.
I acknowledge that if this insurance is effected, material misrepresentation or concealment
of any information voids this insurance.

(Name / Title)

Date

Email completed application to: submissions.idealam@wichert.com

IDEAL Agriculture & Marine, a product of Wichert Insurance

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