DOMESTIC TRANSIT CARGO INSURANCE APPLICATION
Shippers Interest

Applicant: _____   Producer: _____

Address: _____   _____

_____   _____

Website: _____

Proposed Effective Date: _____

Property Description: _____

_____

Packing Description: _____

_____

Modes: _____ % TRUCK   Pecentage split between FTL/LTL: _____

_____ % RAIL   _____ % AIR   _____ % INTERMODAL

Values/Routes:

From	To	Annual Values
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Limits:

Any one Conveyance: _____

Any one Location: _____

Any one Occurrence: _____

Deductible Requested: _____

Is coverage required during warehousing, processing or at third party locations? If yes:

Location No. 1: Address: _____

_____

Operator of premises: _____

Location's function (warehouse, processing, etc.): _____

_____

Values: $ _____ Average
$ _____ Maximum

Location No. 2: Address: _____

_____

Operator of premises: _____

Location's function (warehouse, processing, etc.): _____

_____

Values: $ _____ Average
$ _____ Maximum

(If there are additional locations, please attach additional schedule)

Loss Experience: Attach previous insurer's loss exhibit for last 5 years.

I acknowledge that any quotation that may be made by underwriters is based upon the above information, and any misrepresentation and/or omission may prejudice and/or void coverage.   and I certify that the information provided is, to the best of my knowledge, accurate and correct.

_____
Signature

_____
Title

_____
Date

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

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