



STACK TRAIN CARGO LEGAL LIABILITY

Applicant: _____ Effective Date: _____

Address: _____

Website: _____

Years in Business: _____

Annual Gross Revenue-Next Year: _____

Annual Gross Revenue-Last Year: _____

Broker Authority No. _____

Also operate as an IMC? _____

List lane segments operated:

Carriers used:

Loss Experience:

	# of Claims	Total Amount of Losses	Causes of Loss
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 all Circulars operated under.

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

1200 Graham Road - Cuyahoga Falls, OH 44224

Phone: (330) 929-8686 - Fax: (330) 929-7762

www.idealam.com