

Contingent Auto Liability Application

Section 1 – General Information

Name of Insured:

_____ Name of

Principal Owner: _____

Address:

_____ City/

State/Zip: _____

Phone: _____

Email / Website address: _____

Date business established: _____

Please list any commonly owned companies: _____

Section 2 – Operation Information

Type of Operation: Freight Brokerage Freight Forwarding

Filing Required? Yes No DOT #: _____

Do you ever broker loads to a motor carrier in which you have ownership interest? _____

Type of Freight Managed:

What steps do you take to verify the Motor Carriers you do business with?

Estimated Gross Receipts for upcoming year: \$ _____

Gross Receipts last Year: \$ _____

Section 3 – Insurance Information

Has the insured ever had coverage of this type cancelled or non-renewed? Yes No

If Yes, Explain:

Limits of Coverage Required: \$750,000 \$1,000,000

Date Coverage Required: _____

Prior Insurance Carrier(s): _____

Loss History: _____

Additional Insureds &/or Waiver of Subrogation (**A/I cannot be a motor carrier**): _____

Additional Comments:

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

SIGNED AT:

This _____ day of _____, 20_____

By: _____

(APPLICANT)

(Applicant should state official position)

AGENT: _____

Location of Agency: _____

Contingent Auto Liability Due Diligence Acknowledgement Endorsement

This endorsement becomes part of and is attached to the Contingent Auto Liability Policy

By Signing this endorsement the Insured is acknowledging that they have been made aware of and are familiar with the Due Diligence requirements of this policy

In order for coverage to be effective you must have the "Contingent Auto Liability Brokered Load Check List" completed and verified by the Insurance Agent/Broker and/or a currently dated Certificate of Insurance including the specific Vehicle including the Vehicle Identification Number (VIN) listed on the certificate or, "Any Auto" indicated in your possession prior to the time of the loss.

Insured: _____

Date: _____

Agent: _____

Date: _____

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended**: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight **December 31, 2027**, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$ _____, state surplus lines tax of \$ _____, total terrorism premium of \$ _____.
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant Signature

Company

Print Name

Policy Number

Date