



800.497.2882  
1515 S Federal Hwy Ste 103  
Boca Raton, FL 33432

submissions@sirixgroup.com

## APPLICATION FOR CONTINGENT CARGO INSURANCE

*Coverage is not available for a Freight Forwarder requiring a filing.*

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_  
Description of Operations: \_\_\_\_\_  
Insured is: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture.

I.C.C. Brokerage MC#: \_\_\_\_\_

Limit of Insurance Desired:  
A. Per loss or casualty: \$ \_\_\_\_\_  
Deductible Amount Desired (\$1,000 minimum): \$ \_\_\_\_\_  
Refrigeration Breakdown Deductible (if applicable): \$ \_\_\_\_\_

**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

Commodities Brokered (please be specific): \_\_\_\_\_  
\_\_\_\_\_

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.):  Yes  No \_\_\_\_\_%      Explosives:  Yes  No \_\_\_\_\_%

Furs:  Yes  No \_\_\_\_\_      Jewelry:  Yes  No \_\_\_\_\_%

Liquor:  Yes  No \_\_\_\_\_      Machinery:  Yes  No \_\_\_\_\_%

Produce:  Yes  No \_\_\_\_\_%      Pharmaceuticals:  Yes  No \_\_\_\_\_%

Seafood:  Yes  No \_\_\_\_\_%      Swinging Beef:  Yes  No \_\_\_\_\_%

Tobacco Products:  Yes  No \_\_\_\_\_%      Clothing:  Yes  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: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_

Losses past 3 years:	Date of Loss	Details
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agent's Signature**

\_\_\_\_\_  
**Date**