



Red Shield Insurance Company®

9755 SW Barnes Road, Suite 390
Portland, OR 97225-6627
800.527.7397 • 503.226.4146
submissions@redshield.com

CONTINGENT CARGO LEGAL LIABILITY

Clear Form

Policy No.:	Proposed Effective and Expiration Date: From: To:	Status of Submission: <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code:
Applicant's Name:		Agent Name:	
Business Name / DBA:		Agent Address:	
Mailing Address:			
		Agent's Phone No.:	
		Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant's Phone No. Home: Work:		Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Years in Business:	Years of Experience:	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)	
Inspection Records Name: Contact Phone:		Accounting Records Name: Contact Phone:	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other			

REQUIREMENTS IMPOSED ON MOTOR CARRIERS - PROVIDE COPY OF STANDARD AGREEMENT WITH MOTOR CARRIERS

What percentage of carriers, to whom loads are brokered, use this contract/agreement? _____ %
Describe any agreements, including with which carriers or shippers, when there may be deviations from the standard contract:
Are current certificates of insurance required from the motor carriers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who issues the bill of lading/contract of carriage to the shipper? <input type="checkbox"/> Broker <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Other
If the motor carrier issues the bill of lading, are copies obtained from the carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No

SELECTION AND MONITORING OF MOTOR CARRIERS

Coverage form required of motor carriers to whom loads are brokered: <input type="checkbox"/> None <input type="checkbox"/> All Risk/Broad Form <input type="checkbox"/> Named Perils
What is the motor carrier's stipulated liability for the loads hauled? <input type="checkbox"/> Full Value Bill of Lading <input type="checkbox"/> Released Value Bill of Lading
Limits required of motor carriers to whom loads are brokered: Limit, any one vehicle: _____ Limit, any one occurrence: _____
Limit, any named terminal: _____ Limit, any unnamed terminal: _____
Special coverages required: <input type="checkbox"/> Refrigeration Breakdown <input type="checkbox"/> Loading/Unloading <input type="checkbox"/> Theft <input type="checkbox"/> Other
Deductible _____ Peril: _____ Peril: _____
Commodities: _____ Radius: _____

Clear Form

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE _____ Date _____

****COPY OF STANDARD CONTRACT/AGREEMENT WITH MOTOR CARRIERS MUST ACCOMPANY APPLICATION****

Clear Form