

# Inland Marine Insurance Application

Email completed application to [submit@midman.com](mailto:submit@midman.com).

## APPLICANT INFORMATION

Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_ Coverage begins on the date of acceptance by the Company.

Name of Applicant: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address (if different from above): \_\_\_\_\_

Year Established: \_\_\_\_\_ Description of Operations: \_\_\_\_\_

Insured is:	Individual	Partnership	Corporation	Joint Venture	
Business is:	Common Carrier	Private Carrier	Contract Carrier	Owner of Cargo	Other:
Are filings required?	Yes	No	If yes, MC#:	States:	
Radius of operations:			Principle cities/states:		

GROSS RECEIPTS*			
Year	Own Haul	Subcontracted Out	Total Gross Receipts All Operations

*\*If annual trucking revenue exceeds \$1,000,000, please attach financial statement.*

NUMBER OF VEHICLES						RADIUS OF OPERATION – report number per radius		
	Van	Flatbed	Refrigerated	Tank	Bulk	Less Than 250 Miles	250 – 500 Miles	500+ Miles
Cars:								
Tractors:								
Trucks:								
Semi-Trailers:								
Full-Trailers:								
Double Deck:								

DRIVER INFO			
Name	Birth Date	DL Number & State	Date Employed
<i>Give details regarding the processes and criteria for hiring and firing drivers below.</i>			

CARGO/EQUIPMENT/VEHICLE INFO					
<i>Give details regarding all equipment and vehicles below.</i>					
Name/Description	Year Built	Type	Radius	ID Number	Limit
Do you own or use equipment other than that listed above?			Yes	No	
If yes, give details here:					
Do you lease, loan or rent any of your equipment to others?			Yes	No	
If yes, give details here:					
Type of Cargo	Average Value per Load	Max Value per Load	% of Total Loads		
<i>Give details regarding cargo left at terminals or other places overnight and weekends below.</i>					
Address	Fenced & locked at night?	24 Hour security watchman?	Alarmed?	Sprinklered?	Max Value Exposed
INSURANCE HISTORY					

Name of present insurance carrier:			
Current policy being cancelled or non-renewed?		Yes	No
If yes, give details here:			
<i>Give details regarding cargo loss experience below.</i>			
Year	Paid	Outstanding	Incident Details

COVERAGES				
Form of cover required:	Broad Form	Named Peril Form	Is Reefer coverage required?	Yes No
Per vehicle limit requested:			Per disaster limit requested:	
Average exposure per vehicle:			Max exposure per vehicle:	
Deductible requested:				

OTHER COMMENTS/NOTES

DECLARATION						
<p>To the best of my knowledge and belief the information provided in connection with this inland marine proposal, whether in my own hand or not, is true and I have not withheld any material facts*. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance.</p> <p>*A material fact is one likely to influence acceptance or assessment of this hurricane questionnaire / plan by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it.</p> <p>This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance.</p>						
<table border="1" style="width: 100%;"> <tr> <td>Signed:</td> <td>Full Name:</td> <td>Date:</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Signed:	Full Name:	Date:			
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