

Inland Marine Insurance Application

Email completed application to submit@midman.com.

APPLICANT INFORMATION

Name of A	Applica	nt:									
Doing Bus	iness A	\s:									
Mailing Ac	ddress:										
Location A	Address	s (if diff	ferent from	above):							
Year Estab	olished	:	Des	cription of O	perations	·					
Insured is:	nsured is: Individual Partnership Corporation Joint Venture										
Business is:		Comm	on Carrier	Private	Private Carrier Con			Owner	of Cargo Othe	r:	
Are filings red	quired?	Y	'es N	o If yes, M	C#:			States:			
Radius of ope	erations	s:	Principle cities/states:								
GROSS RECE	EIPTS*										
Year	Year		Own Ha	ul	Subcontracted Out			Total Gross Receipts All Operations			
*If annual tru	ucking	revenue	e exceeds \$	1,000,000, pl	ease attac	h financi	al statemen	t.			
NUMBER OF VEHICLES							RADIUS OF OPERATION – report number per radius				
		Van	Flatbed	Refrigerate	d Tank	Bulk	Less Than	250 Miles	250 – 500 Miles	500+ Miles	
Cars:											
Tractors:											
Trucks:											
Semi-Trailers:											

Policy Period From: ______ To: _____ Coverage begins on the date of acceptance by the Company.



Full-Trailers:

Double Deck:



Beyond Coverage™									
DRIVER INFO									
Name	Birth Date		DL Number & State			Date Employed			
Give details regarding the prod	cesses and c	criteria for hiri	ng and	l firing drive	rs below.				
CARCO/FOLURMENT/VELUCI	F INFO								
CARGO/EQUIPMENT/VEHICLE INFO Give details regarding all equipment and vehicles below.									
			Tuno	Radius	Dadius ID 1		1	Limit	
Name/Description		rear built		Туре	Radius	עו	ID Number		LITTIL
Do you own or use equipment	other than	that listed ab	ove?	Ye	es N	0			
If yes, give details here:									
Do you lease, loan or rent any	of your equ	ipment to oth	ers?	Ye	es N	0			
If yes, give details here:				1					
Type of Cargo	Avera	Average Value per Lo		oad Max Va		alue per Load		% of Total Load	
Give details regarding cargo le	eft at termin	nals or other pl	aces o	vernight an	d weekena	ls below.			
Address		Fenced & locked 2 at night?		24 Hour security watchman?		Alarmed? Spr			Max Value Exposed
i e e e e e e e e e e e e e e e e e e e	1					1		1	



INSURANCE HISTORY





		/	0								
Name of pre	esent insurance ca	arrier:									
Current poli	cy being cancelled	d or non-renew	ed? Y	es N	lo						
If yes, give o	letails here:										
Give details	regarding cargo l	oss experience i	below.								
Year	Year Paid Outstanding			Incident Details							
COVERAGE	S										
Form of cov	er required:	Broad For	m Named P	eril Form	Is Reefer coverage re	equired?	Yes	No			
Per vehicle l	imit requested:			Per disas	ster limit requested:						
Average exp	osure per vehicle	:		Мах ехр	osure per vehicle:						
Deductible i	requested:										
OTHER COM	MMENTS/NOTES										
DECLARATION	ON										
To the best o	f my knowledge and	d belief the inforr	mation provided in	connection	with this inland marine	proposal, wh	ether in my ow	n hand or			
	nd I have not withher		acts*. I understand	that non-c	lisclosure or misrepreser	ntation of a n	naterial fact* m	ay entitle			
*A material fa doubt as to w	act is one likely to in Thether a fact is man	nfluence accepta terial or not you	ince or assessment must disclose it.	of this hur	ricane questionnaire / p	lan by under	writers; if you a	are in any			
					statements upon which ion will form the basis o			eciding to			
Signed:		Full	Name:			Date:					

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