

# 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

*Give details regarding the processes and criteria for hiring and firing drivers below.*

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					

