

Inland Marine Insurance Application

Email completed application to 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 – <i>report number per radius</i>		
	Van	Flatbed	Refrigerated	Tank	Bulk	Less than 250 Miles	250-500 Miles	500+ Miles
Car:								
Tractor:								
Truck:								
Semi-Trailer:								
Full-Trailer:								
Double Deck:								

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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?	Sprinklers?	Max Value Exposed

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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>		
Signed:	Full Name:	Date:

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