



DOMESTIC TRANSPORTATION INTERMEDIARY

Shippers' Interest/Contingent Liability Cargo Insurance Application

Applicant: _____ Date: _____
Address: _____

Years in Business: _____ Annual Gross Revenue: _____
Authority No. _____ Have Freight Forwarder authority? _____

List five top Commodities Shipped: _____

Major Origins/Destinations: _____

Loss Experience:	# of Claims	Total Amount of Losses	Causes of Loss
Last 12 months:	_____	_____	_____
Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____
Next Previous 12 Mos.:	_____	_____	_____

Previous Insurer: _____

Website: _____

I hereby certify that the foregoing is a good faith representation of the information requested

(Name / Title)