



Contingent Motor Truck Cargo Application  
CRC Insurance Services - Transportation  
10375 Richmond Ave., Suite 500  
Houston, TX 77042

**Coverage is not available for a Freight Forwarder requiring a filing.**

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Policy Term: \_\_\_\_\_ to \_\_\_\_\_  
Description of Operations: \_\_\_\_\_  
Insured is: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture.

I.C.C. Brokerage MC#: \_\_\_\_\_

Limit of Insurance Desired:

A. Per loss or casualty: \$ \_\_\_\_\_  
Deductible Amount Desired (\$1,000 minimum): \$ \_\_\_\_\_  
Refrigeration Breakdown Deductible (if applicable): \$ \_\_\_\_\_

**Annual Gross Receipts (Brokerage Only)**

2 Years Ago: \$ \_\_\_\_\_ 1 Year Ago: \$ \_\_\_\_\_ Est. Present Year: \$ \_\_\_\_\_

**Top Shippers (please provide in spread sheet if it is more than 5)**

|            |                      |
|------------|----------------------|
| Name _____ | % of Line Haul _____ |
| Name _____ | % of Line Haul _____ |
| Name _____ | % of Line Haul _____ |
| Name _____ | % of Line Haul _____ |
| Name _____ | % of Line Haul _____ |

**Top Carriers (please provide in spread sheet if it is more than 5)**

|            |                      |
|------------|----------------------|
| Name _____ | % of Line Haul _____ |
| Name _____ | % of Line Haul _____ |
| Name _____ | % of Line Haul _____ |
| Name _____ | % of Line Haul _____ |
| Name _____ | % of Line Haul _____ |

\$ \_\_\_\_\_ Cargo Limit Truck Broker Requires Of Trucker (insured will be required to monitor and confirm that the requested limit is in force for ALL shipments and conveyances transported by truckers that this insurance would be contingent.)

Does Applicant specialize in any one type of Merchandise? ☐ Yes ☐ No

If yes, describe type: \_\_\_\_\_



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Does Applicant primarily use a particular carrier? ☐ Yes ☐ No

If yes, give name of carrier: \_\_\_\_\_

Does Applicant obtain certificates of insurance from authorized carriers? ☐ Yes ☐ No

Is the limit of liability shown on the carrier's certificate of insurance always equal to or greater than shipment assigned to the Carrier? ☐ Yes ☐ No

Commodities Brokered (please be specific): \_\_\_\_\_

Does Applicant arrange shipments for the following:

If yes, what percentage of total revenue?

Autos: ☐ Yes ☐ No \_\_\_\_\_% Boats: ☐ Yes ☐ No \_\_\_\_\_%

Electronics (TV's, VCR's, Stereos, etc.): ☐ Yes ☐ No \_\_\_\_\_% Explosives: ☐ Yes ☐ No \_\_\_\_\_%

Furs: ☐ Yes ☐ No \_\_\_\_\_ Jewelry: ☐ Yes ☐ No \_\_\_\_\_%

Liquor: ☐ Yes ☐ No \_\_\_\_\_ Machinery: ☐ Yes ☐ No \_\_\_\_\_%

Produce: ☐ Yes ☐ No \_\_\_\_\_% Pharmaceuticals: ☐ Yes ☐ No \_\_\_\_\_%

Seafood: ☐ Yes ☐ No \_\_\_\_\_% Swinging Beef: ☐ Yes ☐ No \_\_\_\_\_%

Tobacco Products: ☐ Yes ☐ No \_\_\_\_\_% Clothing: ☐ Yes ☐ No \_\_\_\_\_%

Does Applicant arrange for refrigerated shipments? ☐ Yes ☐ No

If yes, what percentage of total shipment? \_\_\_\_\_%

Does Applicant arrange loads on flatbeds? ☐ Yes ☐ No

Is Applicant a member of any professional organization(s)? ☐ Yes ☐ No

If yes, list organization(s): \_\_\_\_\_

What is the Applicant's primary geographic territory (states)? \_\_\_\_\_

Is Applicant responsible for any packing, loading or unloading? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_

Losses past 3 years:      Date of Loss      Details

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |



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Historical Receipts

| Policy Term                | Receipts (Brokerage Only) | Receipts (Gross Including Trucking)** |
|----------------------------|---------------------------|---------------------------------------|
| Est Current                |                           |                                       |
| 1 <sup>st</sup> year prior |                           |                                       |
| 2 <sup>nd</sup> year prior |                           |                                       |
| 3 <sup>rd</sup> year prior |                           |                                       |
| 4 <sup>th</sup> year prior |                           |                                       |
| 5 <sup>th</sup> year prior |                           |                                       |

\*\*may not apply to all risks

**In order to provide a firm quotation I understand that I must also provide the following items:**

- Broker/Carrier Agreement (should include standards for vetting carriers)
- Broker/Shipper Agreement
- Currently valued income statement
- Up to five years currently values hard copy loss runs

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

**PLEASE SEND THIS DOCUMENT AND ALL OTHER ITEMS TO:**

Submission Email- [CRCTransHou@crcins.com](mailto:CRCTransHou@crcins.com)

**DON'T FORGET TO copy in your broker, this is especially important for afterhours submission (8:00am-5:00 PM CST):**

Jake Lesch- [jlesch@crcins.com](mailto:jlesch@crcins.com); Lead Broker

Inside Brokers:

Andrew Hartman- [ahartman@crcins.com](mailto:ahartman@crcins.com) | Jenny Swanson- [jswanson@crcins.com](mailto:jswanson@crcins.com)