

INLAND MARINE TRIP TRANSIT APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	

1.	GENERAL INFORMATION	
a.	Have you declared Bankruptcy or been in receivership within the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Contact for Inspection: Name: Email Address: Telephone Number:	
c.	Is any release of values/liability given to carriers? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does carrier provide insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Are loaded vehicles parked unattended overnight	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Are the employees that pack, load and unload the shipments reliable and trained in the proper handling of the shipments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	What are the qualifications and experience of the carrier in handling the type of goods you will be shipping?	

2.	PROPERTY DETAILS	
a.	Describe the property being shipped	
b.	What is the point of departure?	
c.	What is the destination?	
d.	What is the distance the shipment will travel?	
e.	What is the time required to complete the shipment?	
f.	How are the goods protected from damage and theft?	
g.	Are containers used to reduce handling and pilferage losses	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.	REQUESTED LIMITS OF INSURANCE, METHOD OF CONVEYANCE AND DEDUCTIBLE	
a.	Proposed Deductible:	\$
b.	Conveyance	Limit
	<input type="checkbox"/> Air Carriers	\$
	<input type="checkbox"/> Contract Carriers	\$
	<input type="checkbox"/> Common Carriers	\$
	<input type="checkbox"/> Messenger	\$
	<input type="checkbox"/> Railroad	\$
	<input type="checkbox"/> Your vehicle	\$

4.	PRIOR CARRIER INFORMATION LAST THREE YEARS	
	Year	Carrier

5.	LOSS HISTORY THREE YEARS		
	All losses during the last three years whether insured or uninsured		
	Date	Cause	Loss Amount
			\$
			\$
			\$

6.	ADDITIONAL INFORMATION
	List any additional information attached with the application:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties un-der state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT NAME AND TITLE:	
APPLICANT'S SIGNATURE (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE	DATE:
IOWA LICENSED AGENT:	DATE:
AGENTS NAME:	AGENT'S LICENSE NUMBER:
CONTACT PERSON:	CONTACT PERSON PHONE NUMBER