CARGO & TRANSIT

01 / APPLICANT AND EXPOSURE PROFILE

Complete all applicable fields. Use Unknown or N/A as needed. Attach extra pages for multiple locations or schedules.

1. Applicant and contact

Legal applicant / business name

DBA / entity type

Primary contact / title

Phone / email

Mailing address / City / State / ZIP

Website / year established

Requested effective date

Annual gross revenue

Employee count / annual payroll

Describe the business, operations, customers, locations, and states / countries involved:

2. Initial exposure questions

Are you a motor carrier, broker, shipper, freight forwarder, or warehouse? Select

Any refrigerated, hazardous, high-theft, fragile, or oversize goods? Select

Any ocean, air, international, or intermodal shipments? Select

Any unattended loaded vehicles, subcontracted carriers, or overnight stops? Select

Explain Yes / Unknown answers and any unusual exposures:

Provide current values and limits where available. These questions are an intake guide, not a carrier application.

3. Details for Cargo & Transit

Commodity types / % of shipments

Carrier / shipper / broker role

Annual freight revenue / shipment value

Maximum value per load / conveyance

Origins / destinations / operating radius

Modes: road / rail / air / ocean

Vehicles / trailers / conveyances used

Owned / hired / subcontracted carriers

Requested limit / deductible

Temperature / theft / storage needs

Maximum warehouse / terminal accumulation

DOT / MC numbers if applicable

4. Controls and supporting detail

Carrier selection checks authority, insurance, and safety history? Select

Seals, locks, tracking, and secure parking procedures? Select

Bills of lading and cargo values recorded before shipment? Select

Temperature controls monitored and maintenance documented? Select

Drivers trained on theft, stops, inspections, and emergency response? Select

Any contract assumes liability beyond standard transport terms? Select

Describe commodities, routes, values, packing, storage, temperature controls, and contractual obligations.

Availability, eligibility, and terms depend on underwriting. Additional carrier applications may be required.

5. Current and prior insurance

Current carrier (or None)

Policy number

Effective / expiration dates

Current limit / deductible / retention

Current annual premium (if applicable)

Requested changes / target limit

6. Claims, losses, or circumstances

Any relevant claim, loss, or demand in the past 5 years? Select

Any open dispute, investigation, known incident, or threatened claim? Select

Any cancellation, nonrenewal, declined application, or coverage lapse? Select

For each Yes: date, event, amount paid / reserved, current status, and corrective action. Attach details if needed.

7. Supporting documents

- [ ] Commodity / route schedule
- [ ] Vehicle / carrier schedule
- [ ] Bills of lading / contracts
- [ ] Current cargo declarations
- [ ] Five-year loss runs
- [ ] Security / temperature details

Send completed forms and documents to info@mad-insurance.com. Do not include passwords, payment details, or SSNs.

I confirm the information is true and complete to the best of my knowledge. This questionnaire does not bind or change coverage. Carrier forms, underwriting, and approval may be required.

Applicant typed name / title

Date