



## Commercial Information Section

**APPLICANT'S NAME:** \_\_\_\_\_  
 \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AGENCY:** \_\_\_\_\_  
**AGENT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: \_\_\_\_\_ To: \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Year business started:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Premises information:**

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

**5. Previous carrier and loss information (last five years):**

**Check if no losses last five years.**

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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 subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: \_\_\_\_\_  
(PRINT)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





## QUESTIONNAIRE – FREIGHT FORWARDERS

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

### DESCRIPTION OF BUSINESS

1. Which categories best describes your business:

- |                         |                          |   |                          |
|-------------------------|--------------------------|---|--------------------------|
| Truckers                | <input type="checkbox"/> | Freight Forwarders or Handlers  | <input type="checkbox"/> |
| Warehouses              | <input type="checkbox"/> | Building or Premises Office<br>(occupied by employees of the insured) | <input type="checkbox"/> |
| Cold Storage Warehouses | <input type="checkbox"/> |   |                          |

List any exposures not included in the categories above:

\_\_\_\_\_  
\_\_\_\_\_

2. How many power units are in the business fleet? \_\_\_\_\_
3. Does the business have two or more losses in the past three years?  Yes  No
4. Does the business have a loss in the last year in excess of \$5,000, either reserved or paid?  Yes  No

### PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage.

5. Will you require blanket Additional Insured's, Primary or Non-contributory?  Yes  No
6. Is the business a moving company?  Yes  No
7. Do you haul hazardous or explosive materials, including ammunition, oil, gasoline, LPG, or pollutants?  Yes  No  
(Minor hazardous freight packaged in consumer packaging, and not requiring limits on Auto Liability in excess of \$1,000,000 by the Federal Department of Transportation are acceptable; e.g. janitorial supplies, cosmetics, batteries and paint.)
8. Does the business load or unload any watercraft or aircraft?  Yes  No
9. Are there any livery exposures, transporting people other than employees operating insured's vehicles.)  Yes  No
10. Will you require hired and non-owned coverage?  Yes  No
11. Does the business own or operate airplanes, watercraft or railroads?  Yes  No
12. Is the business an importer/exporter or a private warehouse that owns the goods that are being transported?  Yes  No
13. Is the business a warehouse open to the public, or accessed by people other than the insured's employees?  Yes  No



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

14. Does the business own or operate autos, but does not carry Auto Liability with minimum limits of \$1,000,000 CSL?  Yes  No
15. Does the business require warehouseman's legal liability?  Yes  No
16. Does the business require professional liability?  Yes  No

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		