

***Intercargo Insurance Company  
Master Application for Transportation Industry  
Liability Insurance Coverage(s)***

***Applicant Name:*** \_\_\_\_\_

{ **NEW**

{ **RENEWAL of Policy #** \_\_\_\_\_

***PLEASE CHECK ADDENDUM (S) ATTACHED:***

{ **Coverage A: Bill of Lading Liability**

{ **Coverage B: Financial Loss (Errors & Omissions Coverage)**

{ **Y2K Addendum: Must be completed if financial loss  
(Errors & Omissions coverage is applied for.)**

{ **Endorsement C: Bailee Liability (Warehouse & Motor  
Carriers)**

{ **Endorsement D: Packing Liability**

{ **Endorsement E: Container Coverage**

{ **Endorsement F: Contingent Cargo Legal Liability**

**Proposed effective date of insurance coverage** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**(Not binding until accepted by insurance company.)**

*You must personally complete this application in its entirety.  
Verbal communication or oral representation  
cannot be relied on in whole or in part.*

# APPLICATION FOR TRANSPORTATION INDUSTRY LIABILITY INSURANCE COVERAGE(S)

## Directions

1. Please answer all questions completely. If additional space is needed, please list information on separate page(s), which will be attached to and become a part of this application.
2. This application must be signed and dated by an officer, managing director, partner, or owner of the company applying for coverage.
3. Please provide copies of the following (check if included in application):
  - Your corporate brochure
  - A sample of your invoice (front and back)
  - Your terms and conditions of service for each country in which you operate. (if applicable)
  - Any other document addressing your liability or damages in event of a claim or lawsuit
  - Financial statement from your last **full** financial year

**NOTE:** *Acceptance and review of these documents does not mean that all activities or entities listed therein will be covered.*

## General Information

1. **Applicant Name:** List companies to be insured under this policy. Include all subsidiaries and divisions (**do not list agents**). List only those entities that fit the policy definition of a Transportation Specialist, such as ocean, air, or surface forwarder, ocean or air consolidator, IATA agent, etc. Attach separate sheet if necessary.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

2. **Company Information:**

(a) Date company or its predecessor was established: \_\_\_\_\_

(b) If in business less than 2 years, provide the following information for company owners, officers, partners, or managing directors:

Name	Title	Years of Experience	Years with Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. **Loss Prevention, Reduction and Control:**

(a) Circle all professional and trade associations of which you are a member (FIATA, HAFFA, SFFA, IATA, NCBFAA, IANVOCC). Other \_\_\_\_\_

(b) Do you use NCBFAA Terms and Conditions of Service?  NO  YES

1. If yes, what edition? \_\_\_\_\_

2. Are you successful in having your clients sign them?  NO  YES

(c) Are these Terms and Conditions provided to your customer in advance of the shipments/transaction?  NO  YES

(d) Does the front of your invoice reference, in bold type, the Terms and Conditions of Service, which appear on the reverse side of your invoice?  NO  YES

(e) Do you fill in the venue clause at the end of the Terms and Conditions of Service?  NO  YES

(f) Is Paragraph 8, (Terms and Conditions of Service) Limitation of Liability either underlined, in italics and/or in bold print?  NO  YES

(g) Are employees encouraged to participate in continuing education courses?  NO  YES

(h) Do you conduct loss prevention seminars for your employees?  NO  YES

(i) Do you have a system to date and time stamp all incoming mail, deliveries, facsimiles, etc?  NO  YES

(j) Do you secure certificates of insurance, and evidence of licensing from truckers, warehousemen, etc.?  NO  YES

- (k) Do you have your customers sign a form prior to or at the time of making entry or the export transaction stating that the information contained therein is accurate?  NO  YES
- (l) Do you have a properly signed Power of Attorney for all customers on file, which Incorporates by reference, the revised Terms and Conditions of Service?  NO  YES

4. **Service Contracts:** Do you have any service contracts in effect with your customers?  NO  YES

*NOTE: We will not cover claims arising out of your liability assumed under any oral or written contract or agreement other than your standard terms and conditions of service, bills of lading, or tariffs unless they have been approved by us and a separate premium charged specifically for that contract.*

5. **Gross Receipts:** (Exclude amounts paid for Customs duties, sales taxes, and/or freight advances.)  
 From your last financial statements. (Attach verifying statement)

- (a) Annual gross receipts from *OCEAN* forwarding/consolidation NVOC(C) activities. US\$ \_\_\_\_\_
- (b) Annual gross receipts from *AIR* forwarding/consolidation or agency activities. US\$ \_\_\_\_\_
- (c) Annual gross receipts from *DOMESTIC* (rail/truck) forwarding/consolidation or agency activities. US\$ \_\_\_\_\_
- (d) Annual gross receipts from *CUSTOMS BROKERAGE*. US\$ \_\_\_\_\_
- (e) Other (please identify) \_\_\_\_\_ US\$ \_\_\_\_\_
- (f) **Total Gross Receipts from all operations.** US\$ \_\_\_\_\_

*NOTE: No coverage is afforded to the following types of business entities, unless coverage is granted by endorsement to the policy: Charterers (or chartering activities of any kind); steamship agents; steamship brokers; ships agents (vessel); shipping agents (vessel); stevedores; carriers; vessel owners; vessel operators; vessel managers; importers or exporters.*

**All Applicants Must Complete the Following**

***Please read the following and sign below.***

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance:

1. Has read and understands this application and the insurance policy.
2. Declares and warrants all statements set forth in this application are true, complete, and accurate.
3. Declares and represents that any occurrence or event taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue, or incomplete any statement made herein will be immediately reported in writing to the insurer. The undersigned agrees that receipt by the insurer of this written report prior to the inception of the policy applied for is a condition precedent to coverage.
4. Acknowledges and agrees that the accuracy of the information in this application and its submission prior to inception of the policy applied for are conditions precedent to coverage.
5. Agrees to pay the deductible amount at the time requested by the insurance company.
6. Understands and agrees that if the insured's deductible amount and/or premium audit is not paid within thirty (30) days from the date requested by the insurance company, the applicant/insured will be liable for all collection costs of the insurance company including court costs and attorneys' fees.
7. Warrants that any misrepresentation on the application, whether innocent or intentional, will result in the policy being void from its inception.
8. Agrees that the insurance company can obtain financial/credit information from companies which provide such services and information from applicant's prior insurers.
9. Authorizes the release of the information described in number 7 above.
10. Agrees that the renewal or reissuance of the policy after its initial term may be done by FAX or through the INTERNET.
11. Agrees that subsequent renewals or continuations can be accomplished by the use of renewal and/or continuation certificates.

The signing of this application does not bind the undersigned to purchase the insurance nor does review of the application bind the insurance company to issue a policy. The insurance company reserves its right to offer limits or deductibles other than those selected by the applicant. It is agreed that this application is the basis of the contracts, should a policy be issued and that a copy of this application and all attachments become a part of the policy and any such renewal or continuation thereof. Updates including renewal or continuation, whether signed or not, by you, will become a representation and part of the policy.

\_\_\_\_\_  
Name of Applicant (Company Name)

\_\_\_\_\_  
City, Country

\_\_\_\_\_  
Name of Applicant's Representative (type or print)

\_\_\_\_\_  
Title (Owner, Officer, Partner or Managing Director)

\_\_\_\_\_  
Signature of Applicant's Representative

\_\_\_\_\_  
Date of Signature

**Producer Information**

***This section for Agent use only.***

1. Please indicate other insurance this applicant has with Intercargo Insurance Company.

	<b>Policy Number</b>	<b>Premium</b>	<b>Expiration Date</b>
Customs Bonds	_____	_____	_____
(FMC) Freight Forwarder Bond	_____	_____	_____
(FMC) NVOCC Bond	_____	_____	_____
ICC Property Broker Bond	_____	_____	_____
Business Package Policy	_____	_____	_____
Commercial Auto	_____	_____	_____
Ocean / Air Cargo	_____	_____	_____
Workers' Compensation	_____	_____	_____
Umbrella	_____	_____	_____
Other _____	_____	_____	_____

2. Do you know the Applicant?     NO     YES *If yes, how often do you visit the client's office(s)?* \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Agency Contact \_\_\_\_\_

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_

*(By signing you are affirming your recommendation of the risk.)*

**Coverage A: Bill of Lading Liability**

**Coverage for physical loss or damage to your customers' cargo shipped under your House Air, Ocean, and/or Surface Bill of Lading. If applying for this coverage, please attach copy of all House Air, Ocean and/or Surface Bills of Lading issued by your company(s) and answer the questions listed below.**

**A1. NVOC(C)/Consolidator - Principal:** Estimate the total number of annual movements under your *HOUSE BILL OF LADING OR FIATA MULTIMODAL TRANSPORT BILL OF LADING* for the proposed policy period. (DO NOT INCLUDE MOVEMENTS WHICH ARE MADE UNDER YOUR AGENT'S BILL OF LADING.)

- (a) Annual TEU's \_\_\_\_\_
- (b) Annual FEU's \_\_\_\_\_
- (c) Annual LCL's \_\_\_\_\_ (Note: only list shipments not included above.)

**A2. Air Freight Forwarder/Consolidator - Principal:** Estimate the total number of annual movements under your *HOUSE AIR WAYBILL (HAWB)* for the proposed policy period.

- (a) Total tons moved \_\_\_\_\_
- (b) Percentage of annual activity shipped on a *Full Value Declared* basis under your House Air Waybill \_\_\_\_\_ %
- (c) Percentage of annual activity for Domestic only \_\_\_\_\_ %

**A3. Domestic Forwarder/Consolidator - Principal (Rail/Truck):** Estimate the total number of annual movements under your *HOUSE SURFACE BILL OF LADING* for the proposed policy period.

- (a) Annual trailers moved \_\_\_\_\_
- (b) Percentage of annual activity shipped on a *Full Value Declared* basis under your House Surface Bill of Lading \_\_\_\_\_ %

**A4. Business Activity:**

Percentage of traffic your Bill of Lading is issued: Port-to-Port \_\_\_\_\_% Door-to-Door \_\_\_\_\_%

**A5. Loss Experience:** Please list all bill of lading claims/losses for previous five years or attach loss runs.

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**A6. Previous Insurance** (do not list if Intercargo):

(a) List similar Bill of Lading Liability insurance policies carried during the past three years. If none, state "none."

Company	Limit	Deductible	Premium	Expiration Date(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) Has any application for this type of insurance ever been declined or canceled, or has renewal been refused?  
 NO  YES If yes, please attach explanation on a separate page.

**A7. Limit of Liability:** Select desired limit for Bill of Lading coverage for each accident/incident/occurrence.

- US\$100,000       US\$250,000
- US\$500,000     US\$1,000,000

**A8. Deductible:** Select desired deductible for Bill of Lading coverage.

- US\$1,000       US\$1,500
- US\$2,500       US\$5,000

**Coverage B: Financial Loss (Errors & Omissions Coverage)**

*Coverage for your customers' financial or consequential loss resulting from your negligence. If applying for this coverage, please attach a copy of your terms and conditions of service and answer the questions listed below.*

**B1. Please select coverage for:**

- Traditional (Claims Made Form)
- Integrated Transit Liability (Occurrence Form)

**B2. Claims Made Form:** Select Retroactive (OR)

- as to Occurrence to:
- Effective Date     2 Years Prior
  - 1 Year Prior     3 Years Prior
- Business Inception Date \_\_\_\_\_

**B3. Occurrence Form:** Select Retroactive

- Coverage Date (5 years maximum):
- Effective Date
  - \_\_\_\_\_ State Date Required
- (Available to insureds presently with Intercargo Insurance Company)*

**B4. Employees:**

- (a) Number of employees *located in* the U.S. or Canada (part-time employees count as one employee). \_\_\_\_\_
- (b) Number of employees *outside* the U.S. and Canada (part-time employees count as one employee). \_\_\_\_\_
- (c) Add lines 1&2 for total number of *all* employees. \_\_\_\_\_

**B5. Loss Experience:** Please list all Financial Loss (E&O) claims for previous five years or attach loss runs. (*unless with Intercargo*)

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B6. Previous Insurance** (*do not list if Intercargo*):

- (a) List similar Errors and Omissions insurance policies carried during the past three years. If none, state "none."

Company	Limit	Deductible	Premium	Expiration Date(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- (b) Has any application for this type of insurance ever been declined or canceled, or has renewal been refused?  
 NO     YES    *If yes, please attach explanation on a separate page.*

**B7. Limit of Liability:** Select desired limit for Financial Loss coverage for each accident/incident/occurrence.

- US\$250,000     US\$500,000
- US\$1,000,000     Other \_\_\_\_\_

**B8. Deductible:** Select desired deductible for Financial Loss coverage.

- US\$2,500     US\$5,000     Other \_\_\_\_\_
- US\$10,000     US\$25,000

**B9.** Do you have a Commercial General Liability Policy?  NO     YES    *If yes, please list:*

Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

**Endorsement C: Bailee Liability (Warehouse and Motor Carriers)**

Coverage for physical loss or damage to property of others, including containers, trailers and similar transportation equipment, while in your care, custody, or control. If applying for this coverage, please attach copies of all truck bill(s) of lading, freight/warehouse/dock receipts, etc. and answer the questions listed below.

C1. **Warehouse Information:** Please provide the following information for *each location* where you store freight. List additional warehouse locations on separate page(s) if necessary.

Physical address \_\_\_\_\_

Warehouse No. \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Types of Goods Stored and % of each \_\_\_\_\_

Average Values stored at this location \_\_\_\_\_ Maximum Values \_\_\_\_\_

Age of Building \_\_\_\_\_ Sprinkler System  Yes  No

Total Storage Area \_\_\_\_\_ Alarm System  Yes  No

Construction Type \_\_\_\_\_

Annual Gross Warehouse receipts for this location \_\_\_\_\_

List all losses at this location for past three years or attach loss runs.

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physical address \_\_\_\_\_

Warehouse No. \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Types of Goods Stored and % of each \_\_\_\_\_

Average Values stored at this location \_\_\_\_\_ Maximum Values \_\_\_\_\_

Age of Building \_\_\_\_\_ Sprinkler System  Yes  No

Total Storage Area \_\_\_\_\_ Alarm System  Yes  No

Construction Type \_\_\_\_\_

Annual Gross Warehouse receipts for this location \_\_\_\_\_

List all losses at this location for past three years or attach loss runs.

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please see other side →



**C2. Vehicle Information:**

Do you want optional Motor Truck Cargo Coverage with \$100,000 per vehicle limit?  Yes  No  
 If "Yes", please complete questions C2(a) and C2(b) below.

(a) ICC MC#: \_\_\_\_\_

(b) List any state filings:

State \_\_\_\_\_ # \_\_\_\_\_

State \_\_\_\_\_ # \_\_\_\_\_

(c) Please provide the following information for each vehicle you own or lease to carry freight.

Year	Make	Model	Delivery Radius	Cargo Carried
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(d) List all cargo losses in your vehicles for the past three years or attach loss runs.

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C3. Previous Insurance** (do not list if Intercargo):

(a) List similar Bailee Liability insurance policies carried during the past three years. If none, state "none."

Company	Limit	Deductible	Premium	Expiration Date(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) Has any application for this type of insurance ever been declined, canceled, or has renewal been refused?  
 NO  YES *If yes, please attach explanation on a separate page.*

**C4. Limit of Liability:** Select desired limit for Bailee Liability for each accident/incident/occurrence.

*Note: If coverage is included for cargo in vehicles, limit per vehicle is US\$100,000.*

- US\$100,000     US\$250,000  
 US\$500,000     US\$1,000,000

**C5. Deductible:** Select desired deductible for Bailee Liability.

- US\$1,000     US\$1,500  
 US\$2,500     US\$5,000  
 US\$10,000

**C6. Mysterious Disappearance:** Do you want optional mysterious disappearance coverage for an additional premium?

NO     YES *If yes, policy limit is 10% of Bailee coverage limit. The deductible is 25% of the loss, with a minimum deductible equal to the Bailee coverage deductible.*

**Endorsement D: Packing Liability**

**Coverage for damage to your customers' cargo as a result of insufficient or inadequate packing, crating, or container stuffing activities performed by you or your subcontractors. If applying for this coverage, please answer the questions listed below.**

D1. **Payroll:** Total annual warehouse payroll. US\$ \_\_\_\_\_

**D2. Packing Activities:**

If you perform any of the following activities, please indicate whether you charge separately for them or if they are included in other freight handling charges?

	<b>Included (Y/N)</b>	<b>If Not Included, % of Revenue</b>
<input type="checkbox"/> Packing and/or Crating for Export	_____	_____
<input type="checkbox"/> Disassembly of Cargo for Packing, Crating, Loading, or Stowing	_____	_____
<input type="checkbox"/> Loading, Stowing, Blocking, or Bracing in a Container/Trailer	_____	_____
<input type="checkbox"/> Marking Package with Handling Instructions	_____	_____
<input type="checkbox"/> Design or Construction of Packing Materials	_____	_____
<input type="checkbox"/> Other, _____	_____	_____

D3. **Service Terms:** Explain terms and conditions of service used for your packing/crating operations or attach a sample unless NCBFAA Terms and Conditions of Service are used.

D4. **Loss Experience:** List all losses from packing/crating operations for previous five years or attach loss runs.

<b>Date</b>	<b>Description</b>	<b>Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D5. Previous Insurance** (do not list if Intercargo):

(a) List similar Packing Liability insurance policies carried during the past three years. If none, state "none."

<b>Company</b>	<b>Limit</b>	<b>Deductible</b>	<b>Premium</b>	<b>Expiration Date(s)</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) Has any application for this type of insurance ever been declined or canceled, or has renewal been refused?

NO  YES *If yes, please attach explanation on a separate page.*

D6. **Limit of Liability:** Select desired limit for Packing Liability for each accident/incident/occurrence.

- US\$100,000       US\$250,000  
 US\$500,000     US\$1,000,000

D7. **Deductible:** Select desired deductible for Packing Liability.

- US\$1,000       US\$2,500  
 US\$5,000       US\$10,000

**Endorsement E: Container Coverage**

Coverage for direct physical loss or damage to trailers, containers, pallets, or similar transportation equipment which is owned or leased by your company. If applying for this coverage, please attach all equipment lease agreements and answer the questions listed below.

**E1. Transportation Equipment:**

(a) Please list all containers, trailers and similar transportation equipment owned or leased by you that should be included in this policy. Attach additional page(s) if necessary.

Description	Serial/License Number	Age	Cash Value (state currency)	Own/ Lease	Lienholder/Lessor (Name & Address)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(b) Maximum value of insured equipment at any one location, at any one time. \_\_\_\_\_

**E2. Loss Experience:** List all loss or damage to owned/leased equipment for previous three years or attach loss runs.

Date	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**E3. Previous Insurance** (do not list if Intercargo):

(a) List similar Container Coverage insurance policies carried during the past three years. If none, state "none."

Company	Limit	Deductible	Premium	Expiration Date(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(b) Has any application for this type of insurance ever been declined or canceled, or has renewal been refused?  
 NO  YES *If yes, please attach explanation on a separate page.*

**E4. Limit of Liability:** Select desired limit for Container Coverage for each accident/incident/occurrence.

- US\$25,000       US\$50,000  
 US\$100,000

**E5. Deductible:** Select desired deductible for Container Coverage.

- US\$1,000       US\$2,500

**Coverage F: Contingent Cargo Legal Liability Insurance Coverage**

F1. ICC Brokerage MC#: \_\_\_\_\_

F2. List any state filings:

State \_\_\_\_\_ # \_\_\_\_\_

State \_\_\_\_\_ # \_\_\_\_\_

F3. Limit of Liability Desired:

(a) US\$ \_\_\_\_\_ on any one cargo carrying vehicle or any combined thereof operating in tandem operated by public or private Truckman.

(b) US\$ \_\_\_\_\_ on any one railroad car.

(c) US\$ \_\_\_\_\_ on any one aircraft.

(d) US\$ \_\_\_\_\_ Any one loss, disaster or casualty.

*(The limit in (b) or (c) above should not be greater than amount of Legal Liability contractual agreement with the Railroad or Airlines.)*

F4. Deductible: Select Amount Desired (\$1,000 minimum)

US\$1,000  US\$2,500  Other US\$ \_\_\_\_\_

*(Don't forget question F4) →*

F5. Annual Gross Receipts:

2 Years Ago US\$ \_\_\_\_\_

1 Year Ago US\$ \_\_\_\_\_

Estimate Present Year US\$ \_\_\_\_\_

F6. Approximate number of trailer moves per year? \_\_\_\_\_

F7. Does Applicant specialize in any one type of Merchandise?  NO  YES If yes, describe type. \_\_\_\_\_

\_\_\_\_\_

F8. Does Applicant primarily use a particular carrier?  NO  YES If yes, give name of carrier. \_\_\_\_\_

\_\_\_\_\_

F9. Does Applicant obtain certificates of insurance from authorized carriers?  NO  YES

F10. Is the limit of liability shown on the carrier's certificate of insurance always equal to or greater than shipment assigned to the Carrier?  NO  YES If no, please explain. \_\_\_\_\_

\_\_\_\_\_

F11. Does Applicant have a standardized contract stating conditions and liability to customers and/or carriers?

NO  YES If yes, please attach a copy to this application.

F12. Does Applicant arrange shipment for the following? If yes, what percentage of total revenues?

_____ % Furs	_____ % Electronics (including computers, related components and software)
_____ % Explosives	_____ % Jewelry
_____ % Liquor	_____ % Produce
_____ % Pharmaceuticals	_____ % Seafood
_____ % Swinging Beef	_____ % Tobacco Products

F13. Does Applicant arrange for refrigerated shipments?  NO  YES If yes, What is the percentage of total shipments. \_\_\_\_\_%

F14. Is Applicant a member of any professional organization(s)?  NO  YES If yes, list organization(s). \_\_\_\_\_

\_\_\_\_\_

Please see other side →

F15. What is the Applicant's primary geographic territory (states): \_\_\_\_\_

\_\_\_\_\_

F16. Is Applicant responsible for any packing, loading or unloading?  NO  YES If yes, describe. \_\_\_\_\_

\_\_\_\_\_

*Important: Please attach Claim information for the last 3 years.*

# ( FAX

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
STATE, ZIP: \_\_\_\_\_  
DATE: \_\_\_\_\_  
NUMBER OF PAGES(incl. Cover): \_\_\_\_\_  
\* FAX TO: \_\_\_\_\_

**PLEASE FAX THIS APPLICATION TO THE OFFICE THAT IS NEAREST YOU.**

\* Click the link below for a list of our offices and current fax numbers.

<http://www.qsr-insurance.com/qsr-fax.html>

ADDITIONAL COMMENTS:

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