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Authority—Insurance—UCRA

Fax Transmittal Form:

For: Contingency Cargo Insurance for Brokers

**Rex Evilsizor
P. O. Box 54848
Hurst, TX 76054**

Phone: 866-382-6638 or 817-886-0386

Fax: 866-729-5904

Email: rex@RexEvilsizor.com

Web: www.RexEvilsizor.com

Thank you for your interest. I look forward to personally working with you.

I NEED a \$10,000 (BMC-85) Trust Fund FOR: ___ Broker Authority

I will need a quote on Contingency Cargo Insurance ___\$100,000 \$_____ Other

Upon completion of the attached, fax to 866-729-5904

Name of Company _____

Name of Contact _____

E-mail: _____

Phone Number _____

Fax Number _____

MC # _____ **USDOT #** _____

Rex Evilsizor

IMPORTANT NOTE: Your insurance and BOC-3 MUST be on file at the FMCSA within 80 days from the date your MC number was assigned, or you will lose the authority you applied for. If you also need help with your BOC-3. Call 888-718-0709 for filing same day.

DOWNLOAD MY FREE TRANSPORTATION E-BOOK AT www.RexEvilsizor.com



ESSEX INSURANCE COMPANY

APPLICATION FOR CONTINGENT CARGO INSURANCE

Name of Applicant: _____
 I.C.C. Brokerage MC#: _____
 Contact Name: _____
 Mailing Address: _____
 Telephone: _____ Fax Number: _____
 Policy Term: From: _____ To: _____

Commodities Brokered (please be specific): _____

Limit of Insurance Desired:

A. Per trailer, group of trailers, motor truck or tractor: \$ _____

B. Per loss or casualty: \$ _____

Deductible Amount Desired (\$1,000 minimum): \$ _____

Annual Gross Receipts

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

\$ _____ 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: _____

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

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: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Machinery: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Produce: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Pharmaceuticals: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Seafood: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Swinging Beef: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%
Tobacco Products: <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Clothing: <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

IMPORTANT: PLEASE ATTACH CLAIMS INFORMATION FOR THE LAST 3 YEARS.

Applicant's Signature

Date

Agent's Signature

Date