



Contingent Auto Liability Application

Section 1 – General Information

Name of Insured: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email /Website address: _____

Date Business established: _____

Please list any commonly owned companies _____

Section 2 – Operation Information

Type of Operation: Freight Brokerage Freight Forwarding

Type of Freight Managed:

What steps do you take to verify the Motor Carriers you do business with? _____

Section 3 – Insurance Information

Have the insured ever have coverage of this type cancelled or non-renewed? _____ If Yes, Explain:

Limits of Coverage Required: ___ \$750,000 ___ \$1,000,000

Date Coverage Required: _____

Prior Insurance Carrier(s): _____

Loss History: _____

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