



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## TRIP TRANSIT – SUPPLEMENTAL APPLICATION

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### I. GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:		New Venture?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy Number:	
Current Effective Date:		Current Expiry Date:	
Requested Effective Date:		Requested Expiry Date:	
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Effective Date:		Expiry Date:	
Deductible:			
Premium:			
Offering renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please attach copies of the following:

- Currently valued five-year loss runs, including complete claim details for all losses
- Applicant's description of operations, brochure, or marketing materials if a website is not available

3)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4)

Are you a(n):  Corporation  Individual  Partnership  Municipality  For Profit  
 Joint Venture  Other: \_\_\_\_\_

5)

How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? \_\_\_\_\_

6)

Please complete the following table for your receipts:

	Sales
Projected Year	
Last 12 Months	
2nd Prior Year	

- 7) What property is being shipped? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8) What is the distance the shipment will travel? \_\_\_\_\_ miles
- 9) What is the point of departure? \_\_\_\_\_
- 10) What is the destination? \_\_\_\_\_
- 11) How long will it take the property to reach the destination? \_\_\_\_\_
- 12) What methods of conveyance are used? Check all that apply and the requested limits of insurance for each:
- |   |  |
|---|--|
| <input type="checkbox"/> Railroad \$ _____          | <input type="checkbox"/> Your Vehicle \$ _____       |
| <input type="checkbox"/> Contract Carriers \$ _____ | <input type="checkbox"/> Common Carriers \$ _____    |
| <input type="checkbox"/> Air Carriers \$ _____      | <input type="checkbox"/> Messenger/Couriers \$ _____ |
| <input type="checkbox"/> Other: _____ \$ _____      |  |
| <input type="checkbox"/> Other: _____ \$ _____      |  |
- 13) Do you plan routes in advance of shipment departure? Yes  No
- a. Are alternate routes planned in the event of an unavoidable or emergency deviation? Yes  No
- b. Are there any specific protocols that must be followed in the event of a route deviation? Yes  No
- c. If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

## II. SHIPMENT PROTECTION

- 14) Do you utilize specialized containers to reduce handling, pilferage and theft losses? Yes  No
- a. If yes, please describe container specifications. Attach diagrams if necessary: \_\_\_\_\_  
 \_\_\_\_\_
- b. If no, how are handling, pilferage and theft losses mitigated? \_\_\_\_\_  
 \_\_\_\_\_
- 15) Are loaded vehicles parked unattended at night? Yes  No
- 16) Are the employees that pack, load and unload the shipments trained in the proper handling of the shipments? Yes  No
- a. How frequently are employees re-trained? \_\_\_\_\_
- b. How do you ensure handling protocols are observed? \_\_\_\_\_
- 17) If you are utilizing carriers for shipment, please complete the following:
- a. Is there any release of values/liability given to the carriers handling your property? Yes  No
- b. If yes, please attach details.
- c. Does the company shipping the goods provide insurance coverage? Yes  No
- d. Do you utilize the same company or companies for all shipments? Yes  No
- e. If yes, what company? \_\_\_\_\_
- f. What minimum qualifications do you require for carriers (eg years of experience with the type of property being hauled, years in operations, etc.)? \_\_\_\_\_  
 \_\_\_\_\_

### III. CLAIMS HISTORY

18) Do you know of any incidents not currently reported to insurance that may result in the filing of a claim? If yes, please attach an explanation. Yes  No

19) Claim Details (duplicate this page for all claims)

- a. What was the date of the incident? \_\_\_\_\_
- b. What line(s) of your coverage(s) was this claim reported on? Check all that apply:  
 Carrier's Motor Truck Cargo     Carrier's Contingent Cargo     Trip Transit Policy  
 Ocean Marine Policy     Commercial General Liability     Other: \_\_\_\_\_
- c. Please describe the circumstances leading up to the claim, the factual details of the incident, the property lost, and steps taken following the incident to mitigate loss and evaluate the claim. Please note "attached" and include an additional sheet if the details do not fit below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. If this claim is closed, did it settle without trial? Yes  No
- e. If this claim is open, is a hearing, trial or arbitration date set? Yes  No   
+ If yes, when? \_\_\_\_\_
- f. Do you still contract with the carrier involved in this loss? Yes  No
- g. Was all cargo lost/the full value of the bill of lading or shipping receipt claimed? Yes  No   
+ If no, what percentage was lost? \_\_\_\_\_ %
- h. Total damages claimed: \$ \_\_\_\_\_
- i. Claim total: \$ \_\_\_\_\_

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

