

ARGENIA, INC.  
P.O. BOX 17370  
LITTLE ROCK, AR 72222

**CARGO  
TRUCK BROKERS CONTINGENT APPLICATION  
MANDATORY  
(COMPLETE ALL QUESTIONS)**

**RATE** \_\_\_\_\_  
**PREMIUM** \_\_\_\_\_

GENERAL INFORMATION  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) (CITY) (COUNTY) (STATE) (ZIP)

PHYSICAL ADDRESS \_\_\_\_\_  
(STREET) (CITY) (COUNTY) (STATE) (ZIP)

LENGTH OF TIME IN BUSINESS \_\_\_\_\_ EVER CANCELLED OR RENEWAL REFUSED? \_\_\_\_\_

IF SO, EXPLAIN \_\_\_\_\_

DO YOU LOAD ANY HAZARDOUS MATERIALS? \_\_\_\_\_

**LOSS EXPERIENCE – MUST BE FULLY COMPLETED**

POLICY TERM	COMPANY	POLICY #	PREMIUM	# OF CLAIMS	CAUSE	PAID/RESERVE
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**TYPE OF MERCHANDISE HAULED – 100% CO-INSURANCE APPLIES**

DO NOT LIST "GENERAL MERCHANDISE". BE AS SPECIFIC AS POSSIBLE.

% TIME HAULED	TYPE OF MERCHANDISE	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE
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**TOTAL GROSS RECEIPTS – INCLUDING EARNED FREIGHT AND BROKERAGE**

ANTICIPATED GROSS RECEIPTS \$ \_\_\_\_\_ LIMITS REQUESTED: \_\_\_\_\_

PREVIOUS YEAR \$ \_\_\_\_\_

SECOND YEAR \$ \_\_\_\_\_

DEDUCTIBLE: \_\_\_\_\_

Is Trucker's primary insurance verified and are Certificates of Insurance Maintained? \_\_\_\_\_

State amount of primary insurance required of Trucker: \$ \_\_\_\_\_

TERM: EFFECTIVE FROM \_\_\_\_\_ 20 \_\_\_\_ TO \_\_\_\_\_ 20 \_\_\_\_

The applicant's signature hereunder constitutes authorization of the Agency hereunder to secure and place this Insurance coverage on his behalf. This abrogates all authorization given previously to the date indicated hereon. It is agreed and understood that the answers and information contained herein shall constitute agreement should a policy be issued.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

Agency Information: \_\_\_\_\_

\_\_\_\_\_  
(DATE & TIME)

\_\_\_\_\_

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD.....
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

.....Syndicate on behalf of certain  
underwriters at Lloyd's

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date