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TRANSPORTATION APPLICATION

NAME OF APPLICANT		ADDRESS OF APPLICANT (NO. STREET, TOWN, COUNTY, STATE)	
REQUESTED INCEPTION DATE	EXPIRATION DATE	ANNUAL GROSS SALES	
DESCRIPTION OF GOODS TO BE INSURED:			
POINTS OF SHIPMENT:			
PLACES OF DESTINATION:			

COVERAGE DESIRED

\$ _____ AMOUNT OF DEDUCTIBLE

LIMIT OF LIABILITY

\$	ANY ONE AIRCRAFT:
\$	ANY ONE MOTOR TRUCK AND/OR TRAILER (OWNED BY APPLICANT)
\$	ANY ONE MOTOR TRUCK AND/OR TRAILER (NOT OWNED BY APPLICANT):
\$	ANY ONE RAILROAD CAR:
\$	ANY ONE LOSS, DISASTER OR CASUALTY

TOTAL ANNUAL VALUES

INCOMING SHIPMENTS AT RISK: \$	OUTGOING SHIPMENTS: \$
PERCENT OF OUTGOING SHIPMENT SENT F.O.B. POINT OF ORIGIN: %	ARE OUTGOING F.O.B. SHIPMENTS TO BE INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL AMOUNT

METHOD OF SHIPMENT	INCOMING	OUTGOING	INTERPLANT OR WAREHOUSE	IS RESEASED OR FULL VALUE BILL OF LADING USED? IF RELEASED STATE BASIS
RAILROAD FRIGHT	\$	\$	\$	
PUBLIC TRUCKMEN	\$	\$	\$	
WATERBORNE CARRIERS	\$	\$	\$	
AIR FREIGHT VIA SCHEDULED CARRIERS	\$	\$	\$	
REA EXPRESS	\$	\$	\$	
REA AIR EXPRESS	\$	\$	\$	
CONTRACT CARRIERS	\$	\$	\$	
INSURED'S OWNED OR LEASED VEHICLES*	\$	\$	\$	N/A
*RADIUS OF OPERATIONS:				*NUMBER OF VEHICLES:

GIVE LOSS EXPERIENCE FOR PAST THREE YEARS (INSURED AND UNINSURED)

DATE	CAUSE	AMOUNT OF LOSS
		\$
		\$
		\$

HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR INSURANCE?
 YES NO IF "YES" GIVE DETAILS:

REMARKS-COMMENTS:

THIS APPLICATION DOES NOT CONSTITUTE A BINDER AND INSURANCE SHALL ONLY BECOME EFFECTIVE AS OF THE DATE ADVISED BY THE COMPANY.

SINGATURE OF APPLICANT	DATE
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