



INTERMODAL AUTHORITY

If you have intermodal authority, please complete the below questions and attach any Interchange Agreements you maintain.

Age and condition of the dollies?	Where are the containers loaded and unloaded?
Age and condition of the containers?	Weight and Length of the containers? Are there any pup containers?
What inspection is done before insured accepts containers?	What is the trailer interchange loss history for the last 3 years?
Does the insured always know what is in the containers?	Please describe each trailer interchange claim (if any):
Does the insured haul any Hazardous Commodities in the containers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete below Hazmat Supplement.	What controls does the insured have in place to prevent containers and trailers from being stolen or misplaced?

HAZ MAT AUTHORITY

If you have the authority to haul hazardous materials, please complete below questions and attach a copy of your authority.

SECTION A - GENERAL INFORMATION

1. Do you haul any substance considered **hazardous waste**? Yes No
 If yes, please explain _____

2. Do you haul *any* hazardous materials as defined by the EPA*? Yes No
 *Such materials include, but are not limited to: **corrosives, explosives, flammable gases, flammable liquids, flammable solids, hazardous waste, non-flammable gases, oxidizers, poisons or radioactive materials.**

If "**No**", do you agree to receive written approval from Lincoln General prior to assuming any full or partial loads of such materials?
 Yes No

 Applicant/Insured Initials Date

SECTION B - COMMODITY DETAILS

Commodity Identification can be found on the bill of lading or manifest. Typically the identification begins with the letters UN or NA.

Hazardous Commodity	Hazard Class/ Division	Identification Number (as noted on B/L or manifest)	Percentage of all commodities Hauled	Full (F) or Partial (P) Load	If "P" show maximum %	How is Commodity Packaged and Shipped
1)						
2)						
3)						
4)						

2. What is the principle route traveled when hauling each hazardous material?

- 1) _____ to _____ 3) _____ to _____ 5) _____ to _____
 2) _____ to _____ 4) _____ to _____ 6) _____ to _____

ADDITIONAL REMARKS – Please include any other information on your Intermodal or HazMat operations:



FREIGHT BROKERAGE AUTHORITY

If you are licensed as a domestic property broker, please complete the below questions and attach a copy of your authority.

- 1) Is the freight brokering handled by a separate corporation? Yes No
 a) **If yes**, please provide the following details:
 Name: _____ FHWA#: _____
 Address: _____ Phone#: _____
- b) **If yes**, is the property broker under same company control? Yes No
- 2) Does insured hold an ICC Freight Brokering Bond? Yes No
 a) **If yes**, please provide the following details:
 Bond# _____ Effective Date: _____ Surety Name: _____
- 3) What percentage of revenue is derived from freight brokerage activities? _____%
- 4) Do you issue a bill of lading for the freight brokerage operation? Yes No
 a) **If yes**, whose name appears on the bill of lading? _____
- 5) Does insured have Contingent Auto policy for truckers you hire? Yes No
 a) **If yes**, please provide the following details:
 Effective Date: _____ Policy Limit: \$ _____
 Expiring Carrier: _____ Premium: \$ _____
- 6) Please list and explain all Contingent Cargo and Auto Liability losses from Freight Brokerage operations in the last 3 years or attach premium and loss runs from expiring carrier? If none, state "none" below in each of the last 3 policy years.

Policy Year	Coverage Type	Deductible	Paid Insurer Losses	Paid Exp	Reserves	Incurred (Paid + Reserves)
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

ADDITIONAL REMARKS – Please explain any losses over \$25,000 and/or any other information you would like to include as part of your application.

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR REPRESENTATIVE THEREOF OR WHO FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACTUAL MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

This form must be signed by both the applicant and producer.

Signature of Insured (owner, officer, etc.) *Date*

Signature of Producer *Date*

Title

Agency Name