

Contingent Coverage Brokered Load Check List

Section 1: Unit Owner/Driver Information

Name:

Address:

Phone:

Vehicle VIN:

Section 2: Regulated Carrier Information

Name:

Address:

Phone:

Contact:

MC/DOT #

Section 3: Insurance Coverage Information

Name of Insurance Company:

Policy #

Effective dates:

Limits:

Agent/Brokers name:

Phone #

Contact name:

Date & Time Coverage was verified and Certificate of Insurance Requested from Agent Broker:

Signed:

Date:

In order for coverage to be effective you must have the "Contingent Auto Liability Brokered Load Check List" completed and verified by the Insurance Agent/ Broker and /or a currently dated Certificate of Insurance including the specific Vehicle including the Vehicle Identification Number (VIN) listed on the certificate in your possession at the time of the loss.