

Motor Truck Cargo Application



1. Insured Name: _____ 2. DBA: _____
 3. Address: _____ City: _____ State: _____ Zip Code: _____
 4. Phone Number: _____ 5. Yrs of experience in this business: _____
 6. Carrier Type: Private Common Contract Leased
 7. Policy Period from: _____ To: _____
 8. Radius (from home terminal): _____
 9. Terminal Location (s): _____

10. Type of merchandise hauled: (do not use term "General Merchandise". If more than one commodity is carried, give percentages of load values. Load values must be accurately stated as co-insurance applies)

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliances			Cotton			Lumber			Poultry		
Automobiles			Containers			Machinery			Produce		
Auto Parts			Eggs			Meat			Seafood		
Boats			Electronics			Milk & Cream			Steel		
Building Materials			Explosives			Mobile Homes			Textile		
Candy			Fertilizers			Nuts			Tires		
Canned Goods			Furniture			Oilfield Equipment			Tobacco		
Carpets			Grain			Paper					

11. Average value per load: \$ _____ % 12. Maximum values per load: \$ _____ %

13. For operations that extend through these cities, check the appropriate box:

Albany	Cincinnati	Jacksonville	Milwaukee	Philadelphia	Youngstown
Atlanta	Cleveland	Jersey City*	Minneapolis	Portland	Others
Baltimore	Dallas	Kansas City	Montreal	San Francisco*	
Birmingham	Denver	Los Angeles*	Nashville	Seattle	
Boston	Detroit	Louisville	Newark*	St. Louis	
Chattanooga	D.C.	Memphis	New Orleans	Toronto	* Company Approval
Chicago	Houston	Miami*	New York*	Tulsa	Required

14. PREVIOUS BUSINESS AND LOSS EXPERIENCE (Past Three Years)

Insurance Carrier	Effective Date	Expiration Date	Date of Losses	Losses by Collision	Losses by Fire	Losses by Theft	Cargo Losses	Cancelled?	Reason for Cancellation

15. Have you ever had insurance for this type of operation be declined or non-renewed? _____
 16. If Yes, explain fully the name of the insurance companies, dates and reasons for cancellation or refusal:

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17. SCHEDULE OF EQUIPMENT (Coverage to be written as specified or named perils only)

No.	Model Year	Trade Name & Description	Dry/ Reefer	VIN	Stated Amount	% Factor

If there are additional vehicles, please attach a list to this application using the same format as above.

18. Number of owned units: _____ 19. Number of leased units: _____
 If any vehicles are leased, provide copy of the lease agreement.
 20. Gross receipts (past year): _____ 21. Projected gross receipts: _____
 22. Are ICC filings required? _____ 23. ICC docket number: _____
 24. Are state filings required? _____ 25. State permit numbers: _____

23. SCHEDULE OF DRIVERS

No.	Driver Name	Years Employed	Driver's License Number	Date of Birth	Driving Record (Last three years)

If there are additional drivers, please attach a list to this application using the same format as above.

27. Are the units equipped with fire extinguishers? Yes No 28. Are the units equipped with BABACO alarms? Yes No
 29. Are trucks/trailers closed & equipped? Yes No 30. Number of person(s) on trucks:
 31. Are loaded trucks ever left unattended? Yes No 32. Are the drivers bonded? Yes No

33. Indicate whether the following additional coverages are required.

	Amount or Limit		Amount or Limit
a. Deductible clause amount		e. Tarpaulin warranty	
b. Earned freight clause		f. Bill of lading coverage	
c. Refrigeration breakdown clause		g. Straying coverage	
d. Locked truck warranty (full)		h. Other	

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This application shall not be binding unless and until the policy is issued and payment made and then only as of the inception date if said policy and in accordance with all terms hereof, and the said applicant hereby covenants and agree that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant; and the same are hereby made the basis and condition of the insurance, and warranty or the part of the insured.

It is mutually understood and agreed between the company and the applicant that any inspection of premises, operations, or any matter pertaining to the insurance afforded by the company, are made for the use and benefit of the company only, and are not to be relied upon by the applicant in any respect.

X	
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Insured's Signature

Date

34. I hereby certify that after diligent effort, I have been unable to procure the insurance applied for above from authorized insurers:

Producer's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Signature:

Date: