



MOTOR TRUCK CARGO APPLICATION

Name of Applicant: _____
 D/B/A: _____
 Street Address: _____
 Mailing Address: _____
 Phone No.: _____
 Website Address: _____

Agency Name: _____
 Address: _____
 Agent No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

1. **Applicant operation is:** Common carrier Contract carrier Hauling own goods
2. **Years in Business:**..... _____
3. **Has there been any change in ownership, management or the name of the operation during the last five years?**..... Yes No
 If yes, provide details: _____

4. **Coverage requested:** Scheduled vehicles Named Perils Owner's cargo
5. **Desired terminal limits at the following locations, include vehicles loaded or unloaded:**

LIMITS	LOCATION	OCCUPANCY AND CONSTRUCTION

6. **Terminal protection:**
 Burglary: Watchman Service Burglar Alarm Fenced Yard
 Please explain: _____
- Fire: Automatic Sprinkler System Smoke Detectors Other (describe): _____
 Please explain: _____

7. **Give details of any steps taken to secure vehicles whenever left unoccupied:** _____
8. **List all applicant's shippers' contracts:** _____

9. Description of operations: _____

10. Normal Radius of operations: _____

List all states vehicles operate in: _____

11. Largest cities entered: _____

12. Vehicle schedule:

MODEL YEAR	MANUFACTURER	BODY TYPE	LOAD CAPACITY	SERIAL NUMBER	LIMIT OF LIABILITY

13. Do you use any leased operators whose equipment is not shown in question 12.? Yes No

If yes, explain: _____

14. Do you own any equipment not shown in question 12.? Yes No

15. List below all drivers currently employed as of the proposed effective date (List additional drivers on separate sheet):

DRIVER'S NAME	DATE OF BIRTH	STATE AND DRIVER'S LICENSE NO.	CLASS OF LICENSES	YEARS OF DRIVING SIMILAR VEHICLES	LENGTH OF EMPLOYMENT	ACCIDENTS & VIOLATIONS PRIOR THREE YEARS

16. Commodities hauled: Please complete percentage and value for each commodity hauled. Provide detail on any high-lighted commodity hauled.

PROPERTY	%	VALUE	PROPERTY	%	VALUE	PROPERTY	%	VALUE
Agricultural equipment			Explosives			Oil field equipment		
Alcoholic beverages			Farm products			Paint		

PROPERTY	%	VALUE	PROPERTY	%	VALUE	PROPERTY	%	VALUE
Appliances			Feed			Paper		
Automobile parts			Fertilizer			Perfume		
Autos and boats			Fine art and collectibles			Petroleum products		
Beer and wine			Flooring (no rugs)			Pipe, cable, wire		
Beverages non-alcohol			Food products			Plastics		
Books			Food—frozen			Plumbing supplies		
Building materials			Frozen seafood			Poultry—dressed		
Cabinets and woodwork			Fruits—fresh			Poultry—live		
Cameras			Furs			Power tools		
Campers			General merchandise			Precious metals		
Candy			Glassware			Radios		
Canned Goods			Grain			Road materials		
Carpet			Gravel			Rugs—other than oriental		
Cement			Hardware			Rugs—oriental		
Ceramics			Hay			Sand		
Chemicals—home			Household effects			Seafood		
Chemicals—industrial			Jewelry			Shrimp—fresh		
China			Leather goods			Shrimp—frozen		
Cigarettes and cigars			Livestock			Shoes		
Clothing—men and women			Liquid—nonflammable			Sporting goods		
Clothing—other			Lobster—fresh			Stereo equipment		
Coal			Lobster—frozen			Tapes—audio, video		
Computer—equipment			Logs and pulpwood			Textiles		
Computer—software			Luggage			Tires and tubes		
Containerized freight			Lumber			Tobacco		
Cosmetics			Machinery			Tools		
Cotton			Meat—boxed			Toys		
Dairy products			Meat—frozen			TVs		
Drugs—except narcotics			Meat—swinging			Vending machines		
Dry goods			Metal and steel			Vegetables—fresh		
Eggs			Milk—bulk-carton			Vegetable oil		
Electrical supplies			Mobile homes—offices			Other:		
Electronics—other			Narcotics					
Electronics—TV and stereos			Office equipment					

Detail on highlighted items: _____

Average value per load: _____ Maximum value per load: _____

I have indicated above all commodities that I haul. Should I haul any other commodities not listed above, I will advise my agent to obtain coverage.

Insured Signature: _____ **Date:** _____

17. **Deductible:** \$500 \$1,000 \$2,500 Other: _____

18. **Prior carrier and loss experience—three years:**

COMPANY	POLICY NO.	POLICY PERIOD	PREMIUM	NO. LOSSES	LOSS AMOUNT

Provide details of all cargo losses incurred over \$2,500 whether covered by insurance or not: _____

19. **Vehicle protection:**

Fire extinguishers: Yes No

All trucks and trailers equipped with locks: Yes No

Vehicles equipped with alarms: Yes No

If yes, what type? _____

20. **Gross receipts for past three years:**

DATES		GROSS RECEIPTS—COMPANY OWNED VEHICLES	GROSS RECEIPTS—LEASED VEHICLES
TO	FROM		

Estimate of current year gross receipts:

21. **Additional coverages available:**

Loading and unloading: Yes No

Refrigeration breakdown: Yes No

Limit: _____ Deductible: _____

22. **Filing information:**

List states for which insured has cargo permits: _____

State authority number(s): _____

Is ICC Filing required? Yes No

ICC docket number: _____

23. **O, S & D:**

Do you have any outstanding claims on overages, shortages, or damages (O, S & D)? Yes No

Total outstanding:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____