

**EXCESS MOTOR TRUCK CARGO APPLICATION (9/18)**

THIS APPLICATION MUST BE COMPLETED, SIGNED AND DATED BY THE APPLICANT.

NEW  RENEWAL of Certificate/Policy No. \_\_\_\_\_

DOT#: \_\_\_\_\_ DMV/CA# \_\_\_\_\_ Website \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_  
 2. DBA: \_\_\_\_\_  
 3. Owners name: \_\_\_\_\_  
 4. Number of years in this business under current name: \_\_\_\_\_  
 5. Mailing address  
 \_\_\_\_\_  
 6. Address of principal terminal / garaging if other than above:  
 \_\_\_\_\_  
 7. Requested Effective Date: From: \_\_\_\_\_ To \_\_\_\_\_  
 8. Primary Policy # \_\_\_\_\_  
 Primary Carrier: \_\_\_\_\_  
 Primary Policy Limits: \$ \_\_\_\_\_  
 9. Excess Policy Limits: \$ \_\_\_\_\_  
 10. Total Limit: \$ \_\_\_\_\_  
 11. Prior carrier and loss history for the past three years

From	To	Motor Truck Cargo Carrier Name	Losses	
			Number	Amount

12. List by category and percentage of the total loads shipped:  
**\*\*\* GENERAL or DRY FREIGHT, DRY GOOD, PACKAGED GOODS, DEPT. STORE GOODS or MERCHANDISE ARE NOT ACCEPTABLE\*\*\***

Type of cargo	Ave. Value per load	Max. Value per load	% of total loads

The following interests are **EXCLUDED** under the basic policy form, but might be covered at additional premium if requested. Aircraft or Aircraft Parts, Automobiles, Boats, Yachts or other Watercraft, Motorcycles, Mobile Homes, Recreational Vehicles, Trucks

**Vehicle Schedule**

<b>13. Description of Vehicle NOT including Non-Owned Trailers (If more than 12 use vehicle schedule/extension list)</b>		
Unit #	Year, Full Make Name, Model	Full Vin#
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Premium \$ \_\_\_\_\_

Financed with? \_\_\_\_\_

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Broker Signature: \_\_\_\_\_

Broker Name & Address: \_\_\_\_\_