

MOTOR TRUCK CARGO APPLICATION (01/17)

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. Number of years in this business _____	
4. Mailing address: _____				
Street Address		City	State	Zip
5. Address of principal terminal / garaging if other than above: _____				
Street Address		City	State	Zip

6. Requested Effective Date: From: _____ To _____

7. Owner Operator? Yes No **8. Planning to Lease any Owner Operators?** Yes No

9. Please give details of any operations carried out other than that of a carrier: _____

10. Do you subcontract to other parties? Yes No **If so on long term (30 day+) leases or other basis? (give details)** _____

11. Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to them? Yes No
If so, do you maintain copies of their current insurance arrangements on file? Yes No

12. Please give gross receipts in respect of your trucking operations for past 3 years

Year	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations

13. Please list all drivers (If more than 10 use Diver Schedule/Extension list)

#	Drivers Full Name	Date of Birth	Driver's License		No. Yrs. Commercial Driving	No. Yrs. Employed By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Violations Last 3 Yrs.	No. of Major Violations Last 3 Yrs.
			State	License Number					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

14. Percentage of hauls by distance: Intrastate - Interstate 1-250 miles 251- 1,000 miles 1,001 + miles

15. Please give details of the number of vehicles for which cargo cover is required:

Tractor Units		Reefer Trailers 10 yrs old or less	
Straight trucks		Reefer Trailers more than 10 yrs old	
Bobtail truck		Flat bed trailers	
Reefer trucks		Tank trailers	
Tank trucks		Other trailers	
Other power units			
Total number of power units		Total number of trailers	

16. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

Unit #	Year, Full Make & Model	Full Vin#
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

If more than 10 use vehicle schedule/extension list

17. No. of trailer hauled at one time: Single Double Triples

18. Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles? Yes No - **or off vehicles?** Yes No
If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced yard locked at night?	24 hour watchman?	Alarmed Building?	Sprinklered Building?	Max. value exposed?

19. Limits required: a) _____ a.o. vehicle
b) _____ a.o. loss (vehicle accumulation)
c) _____ a.o. terminal (off vehicles)
If Limit for 19b) is in addition to 19, specify overall loss limit needed \$ _____
Do you ever carry loads valued greater than the cargo insurance limit requested? Yes No

20. Deductible Requested \$1,000 \$2,500 \$5,000 Combined Single Deductible

21. 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 EXCITABLE*****

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

22. The following interests are excluded under the basic policy form, but can normally be covered at additional premium if requested Please Check any you wish to be covered

<input type="checkbox"/> Appliances	<input type="checkbox"/> Furs	<input type="checkbox"/> Mobile Equipment
<input type="checkbox"/> Alcohol, other than Beer and/or Wine	<input type="checkbox"/> Fabric manufactured to be made into any type of clothing	<input type="checkbox"/> On Hook Cargo
<input type="checkbox"/> Bulk & Bagged Nuts	<input type="checkbox"/> Flowers, Horticulture and Plants	<input type="checkbox"/> Pharmaceuticals - Over the counter*
<input type="checkbox"/> Beer and/or Wine	<input type="checkbox"/> Garments*	<input type="checkbox"/> Pharmaceuticals – Prescription*
<input type="checkbox"/> Copper	<input type="checkbox"/> Machinery	<input type="checkbox"/> Seafood, unless canned
<input type="checkbox"/> Electronics*	<input type="checkbox"/> Metal	<input type="checkbox"/> Tires
<input type="checkbox"/> Equipment, over 500 pounds each item	<input type="checkbox"/> Metal Coils	<input type="checkbox"/> Tobacco, Cigarettes and/or Cigars

* defined as follows:
-The word **garments** shall mean:-
All items of clothing including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like.
-The word **electronics** shall mean:-
All items of consumer and commercial electrical appliances, Digital Data Storage Devices and instruments including but not limited to radios, televisions, computers, computer software, hard drives, chips, microchips, printed circuit boards and their components, modems, monitors, cameras, Telephones, facsimile machines, photocopiers, VCRs, DVD, hi-fis, stereos, CD players and the like. (Heavy electrical items such as switchgear, turbines, generators and the like shall be deemed not to be electronics.)
- The word **pharmaceuticals** shall mean:-
A compound manufactured for use as a medicinal drug used to diagnose, cure, treat and/or prevent disease including but not limited to medicinal products, medicines, medications and/or medicaments.

23. Include Target goods Yes No Sublimit requested \$10,000 \$25,000 \$100,000 Other

24. Include Reefer Breakdown Yes No
Number of units up to 10 years of age _____ Number of units 11 to 15 years of age _____ Number of units over 15 years of age _____

25. Excess Motor Truck Cargo Yes No If yes what limit over primary? \$ _____
Primary Company: _____
Policy dates: _____ Primary Policy number: _____ Primary Limit: \$ _____

26. Give details of any steps taken to secure vehicles whenever left unoccupied. _____

27. Prior carrier and loss history for the past three years

From	To	Motor Truck Cargo Carrier Name	Losses	
			Number	Amount

28. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant? Yes No
If yes please give details _____

29. Has the applicant filed personal or professional bankruptcy within the past 5 years? Yes No
If yes, please provide details. _____

NON-OWNED TRAILER /TRAILER INTERCHANGE

Non-owned trailers include trailers that you do not own, lease or rent but are in your care, custody or control (not exceeding 90 days) that you have agreed to be responsible for, while in your possession and being used in the Insured's business.

30. Trailer Interchange OR Non-owned Trailer: Yes No

31. Limit (per unit) \$ _____

32. On No. of units _____

33. While attached only or While attached and up to 72 hours at secure location

34. No. of trailer hauled at one time: Single Double Triples

35. Deductible Requested \$1,000 \$2,500 \$5,000 Combined Single Deductible

36. Additional Interests:

Name of Additional Interest	Address

37. Please give details of your existing cargo insurance:

Carrier	Existing rate & deductible
Renewal offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing limit
Policy Number	Expiry date

Premium \$ _____ Taxes \$ _____ Fully Earned NAIS Broker Fee \$ _____ Total \$ _____
 25% of the Premium and Taxes plus 100% of the Broker Fee is Fully Earned. There are No Flat Cancellations.
 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: _____
 Continued from question: _____