**MOTOR TRUCK CARGO APPLICATION**

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| --- | --- |
| 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** |
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**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 highlighted commodity hauled.

| **PROPERTY** | **%** | **VALUE** | **PROPERTY** | **%** | **VALUE** | **PROPERTY** | **%** | **VALUE** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agricultural equipment |  |  | Explosives |  |  | Oil field equipment |  |  |
| **Alcoholic beverages** |  |  | Farm products |  |  | Paint |  |  |
| 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: