

Cargo Application

Policy Term From: _____ To _____

1. Name (and "dba") _____
 Individual/Proprietorship Partnership Corporation Other Business Phone Number _____
2. Premises Address _____ City _____ State _____ Zip _____
3. Garaging Address _____ City _____ State _____ Zip _____
4. Person to contact for inspection (name and phone number) _____
5. Have you ever had insurance with one of the companies listed at the top of this page? Yes No
 If yes, Policy Number(s) _____ Effective Date(s) _____

DESCRIPTION OF OPERATIONS

6. Describe business _____
 Years experience _____ New Venture? Yes No
7. Is this your primary business? Yes No If no, explain _____
 Seasonal? Yes No
8. Have you ever filed for Bankruptcy? Yes No If yes, when _____ Explain _____
9. Gross receipts last year _____ Estimate for coming year _____ Business for sale? Yes No
10. Do you haul for hire? Yes No Show largest cities entered: _____
11. Are you a common carrier? Yes No Are you a contract hauler? Yes No If yes, for whom: _____
12. Do you haul your own cargo exclusively? Yes No If not, who owns it? _____
13. Do you pull double trailers? Yes No Triple trailers? Yes No
14. Do you rent or lease your vehicles to others? Yes No If yes, attach a copy of rental or lease agreement form used.
15. Are bodies of all trucks and trailers completely closed and equipped with snap locks? Yes No
16. Are trucks equipped with alarms? Yes No Other _____
17. Number of men on trucks? _____ Are loaded trucks ever left unattended? Yes No

CARGO INFORMATION

Select type of cargo coverage desired: <input type="checkbox"/> Named Perils <input type="checkbox"/> Broad Form (Not available for all types of cargo)				Limit of Insurance	Deductible
Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value	SEE SCHEDULE OF AUTOS/VEHICLES	<input type="checkbox"/> \$500
					<input type="checkbox"/> \$1,000
					<input type="checkbox"/> \$2,500
					<input type="checkbox"/> Other _____

***100% coinsurance clause applies.** If applicant hauls double wide mobile homes, Cargo Limit must be equal to the value of both sides combined to satisfy co-insurance. Amount of insurance on each truck should equal maximum load carried.

18. Additional Coverage Options (additional premium may apply):
 Additional Insured Endorsement (Lessee) Loading and Unloading Coverage Tow Truck Amendatory Endorsement
 Earned Freight Coverage Refrigeration Breakdown Coverage Hired Car Cargo Coverage Exclude Theft Coverage

DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

19. Minimum years driving experience required _____ Are vehicles owner-driven only? Yes No
20. Are drivers ever allowed to take vehicles home at night? Yes No
21. Do you order MVR's on all drivers prior to hiring? Yes No Driver's maximum driving hours ____ daily, ____ weekly
22. Do you agree to report all newly hired operators? Yes No

SCHEDULE OF AUTOS/VEHICLES (Describe all vehicles for which application is made for insurance)

Veh. No.	Model Year	Vehicle Make & Model	Body Type (Truck, Tractor, Trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of rear axles	Principal Garaging Location (City & State)	Radius of Operation	Cargo Limit (If coverage is to attach to vehicle)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

23. Insured desires cargo coverage to attach to Power Unit Trailer/Semi-Trailer
24. Will lessor be added as additional insured? Yes No If yes, give name and address of lessor for each vehicle _____
25. Number of vehicles owned: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____
26. Number of vehicles leased: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Total Premium	Total Amount Claims Paid & Reserves		
From	To					BI/PD	Comp/Coll	Cargo
/ /	/ /							
/ /	/ /							
/ /	/ /							

27. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____
28. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? Yes No If yes, date and why _____

FILING INFORMATION

29. Is an FHWA filing required? Yes No If yes, MC number _____
 Common Contract Broker Do you require FHWA cargo filing? Yes No
30. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____
31. If you are an interstate regulated carrier, identify your Registration or Base State _____
32. Is an intrastate cargo filing needed? Yes No If yes, show state and permit number _____
 List states for which insured requires CARGO FILINGS (check name on permits) _____
33. Show exact name and address in which permits are issued _____

34. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____

35. Is oversized, overweight cargo hauled? Yes No

36. Does your authority allow for transportation of hazardous commodities? Yes No

37. Do you allow others to haul hazardous commodities under your authority? Yes No

38. Have you ever changed your operating name? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you operate under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No
39. Do you operate as a subsidiary of another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Do you lease your authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you appoint agents or hire independent contractors to operate on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you purchased, sold or applied for authority over the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
43. Is evidence/certificate(s) of coverage required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. Please explain any "yes" answer to questions 38 through 43 _____	

45. Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers? Yes No

If yes, attach a copy of current agreements and complete the following:

(a) With whom has such agreement(s) been made? _____

(b) Under whose permit does each of the parties to the agreement(s) operate? _____

(c) Is there a hold harmless in the agreement(s)? Yes No

46. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom? _____

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.

Witness Applicant's Signature Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain: _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address Phone No.