

Motor Truck Cargo Application

Applicant Information			
Effective Date:			
First Named Insured:		Entity Type:	
Mailing Address:	City:	State:	Zip Code:
Garaging Address:	City:	State:	Zip Code:
Other Named Insureds:			
Inspection Contact Name:		Phone #:	
Email:		Website:	
Number of Years Experience in the Trucking Industry:			
Carrier Type: <input type="checkbox"/> Private <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Leased			
MC Number:			
State Filing Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal Filing Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Radius of Operations from Garaging Address by Percentage:			
0-100 Miles	100-250 Miles	250-500 Miles	Over 500 Miles
Gross Receipts Past Year:		Projected Gross Receipts:	
Projected Mileage:			

Type of Commodities Hauled

IMPORTANT Do not use the terms "General Merchandise, General Freight, Dry Goods, Dept. Store Goods, Consumer Goods" If more than one commodity is carried, give percentages of load values. Load Values must be accurately stated as co- insurance applies.

Commodity	%	Value	Commodity	%	Value
<input type="checkbox"/> Appliances			<input type="checkbox"/> Meat		
<input type="checkbox"/> Auto Parts			<input type="checkbox"/> Metal		
<input type="checkbox"/> Beer			<input type="checkbox"/> Milk & Cream		
<input type="checkbox"/> Beverages			<input type="checkbox"/> Mover – Household		
<input type="checkbox"/> Boxes (Empty)			<input type="checkbox"/> Mover – Office		
<input type="checkbox"/> Building Materials			<input type="checkbox"/> Paper		
<input type="checkbox"/> Candy			<input type="checkbox"/> Petroleum		
<input type="checkbox"/> Canned Goods			<input type="checkbox"/> Plastic		
<input type="checkbox"/> Carpets			<input type="checkbox"/> Pipe		

<input type="checkbox"/> Chemicals			<input type="checkbox"/> Poultry		
<input type="checkbox"/> Clothing/Garments			<input type="checkbox"/> Produce		
<input type="checkbox"/> Containerized Freight			<input type="checkbox"/> Seafood- Fresh		
<input type="checkbox"/> Cotton			<input type="checkbox"/> Seafood – Frozen		
<input type="checkbox"/> Dry Groceries			<input type="checkbox"/> Steel		
<input type="checkbox"/> Electronics (Finished)			<input type="checkbox"/> Textiles		
<input type="checkbox"/> Electronic Parts			<input type="checkbox"/> Tires		
<input type="checkbox"/> Fertilizers			<input type="checkbox"/> Tobacco		
<input type="checkbox"/> Frozen Foods			<input type="checkbox"/> US Mail		
<input type="checkbox"/> Furniture			<input type="checkbox"/> Water		
<input type="checkbox"/> Garbage/refuse			<input type="checkbox"/> Wine		
<input type="checkbox"/> Gasoline			<input type="checkbox"/> Other:		
<input type="checkbox"/> Grain			<input type="checkbox"/> Other:		
<input type="checkbox"/> Hay			<input type="checkbox"/> Other:		
<input type="checkbox"/> Liquors					
<input type="checkbox"/> Lumber					

Limits of Liability

Limit Per Vehicle: _____ Limit Per Occurrence: _____

Deductible Requested: _____

Do You Require Refrigeration Breakdown? Yes No

Deductible Requested: _____

Do You Require Trailer Interchange Coverage? Yes No

Limit Requested: _____ Deductible Requested: _____

Do You Require Terminal Coverage? Yes No

Location	Location Address	Limit Requested
1		
2		
3		
4		
5		

Location	Construction Type	Sq. Footage	PPC	Sprinklered	Security
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Driver Safety and Maintenance

Is There a Full-Time Safety Director? Yes No

Safety Director Name:

Are There Scheduled Formal Safety Meetings? Yes No

How Often?

Is Driver Attendance Mandatory? Yes No

Is There a Driver Award or Bonus Plan? Yes No

Is There an Accident Review Board? Yes No

Is There a Formal Safety Manual or Driver Handbook? Yes No

How Often Are MVR's Reviewed?

What is The Minimum Age of Drivers Hired?

What are the Minimum Years of Experience for New Drivers?

Is There a Vehicle Maintenance Plan in Place? Yes No

Please Describe:

Equipment Information - List the Number of Each Power Unit Type Below

Tractor Units		Refrigeration Units 10 yrs. old or less	
Straight Trucks		Refrigeration Units more than 10 yrs. old	
Reefer Trucks		Flat Bed Trailers	
Tanker Trucks		Tank Trailers	
Other Power Units		Double Trailers	
Total Number of Power Units		Total Number of Trailers	

Submit Along with Application

- MVR's and Driver List
- 5 Years of Loss Runs
- Vehicle schedule
- Driver Information including Name, DOB, License # and State, Years Experience

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant Name:

Broker Name:

Signature:

Signature:

Date:

Date: