

TRUCK CARGO APPLICATION

**SURVEY FOR INSURANCE PROPOSAL MUST BE COMPLETED AND SIGNED FOR
QUOTATION TO BE TENDERED**

Name of Applicant: _____
 Mailing Address: _____
 Contact Name: _____ Telephone: _____
 Location Address: _____
 Years in Business: _____ Policy Term: From: _____ To: _____
 Description of Operations: _____
 Insured is: Individual Partnership Corporation Joint Venture.

1. Business is: _____ Common Carrier: _____ No. years in business _____
 Contract Carrier: _____ Private Carrier (Owner's goods on own vehicle.): _____
2. Are filings required? Yes No If yes, MC #: _____ States: _____
3. Radius of operations: _____ Principle cities / states entered: _____
4. Number of Vehicles:

Vehicle Types	Van	Flatbed	Refrigerated	Tank	Bulk
Cars					
Tractors					
Trucks					
Semi-Trailers					
Full-Trailers					
Double Deck					

IF ANNUAL TRUCKING REVENUE EXCEEDS \$1,000,000, ATTACH FINANCIAL STATEMENT

5. Radius of Operation (List no. of units in each group) or Percent

Vehicle Type	Local	250+ Miles	Over 500 Miles
Trucks			
Tractors			

6. Gross Receipts for the Past Four Years:

Period		Cargo Rate	Revenue
From	To		

Estimated for Coming Year: _____

7. Do you own or use equipment other than that listed above? Yes No Details _____
8. Do you lease, loan or rent any of your equipment to others? Yes No Details _____

9. Name of present insurance carrier(s) and Policy No.(s): _____ _____ _____	10. Are present policies being canceled or not renewed? <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____
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11. Limits Requested:		Average Exposure per Vehicle	Maximum Exposure per Vehicle
Per Vehicle	Per Disaster		
\$	\$	\$	\$

12. Deductible Requested: \$ _____

13. Is Reefer Coverage required? Yes No **If yes, attach the schedule.**
Are all reefer units newer than 10 years?

14. Experience - Current and Past Two Years: *FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE.*

Losses Past 3 Years	Date of Loss	Details	Carrier

15. Driver's Full Name as it appears on License:

NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	DATE EMPLOYED

16. Description of Equipment – All vehicles do not have to carry same limit

No.	Trade Name	Yr. Built	Type	Radius	ID Number	Limit

17. Terminals							
Terminal Address						Terminal Limit	
Lighted <input type="checkbox"/>	Fenced <input type="checkbox"/>	Sprinklered <input type="checkbox"/>	Burglary Alarm <input type="checkbox"/>	Watchman <input type="checkbox"/>	Construction _____	Fire Contents Rate _____	Average Values _____

Terminal Address						Terminal Limit	
Lighted <input type="checkbox"/>	Fenced <input type="checkbox"/>	Sprinklered <input type="checkbox"/>	Burglary Alarm <input type="checkbox"/>	Watchman <input type="checkbox"/>	Construction _____	Fire Contents Rate _____	Average Values _____

18. Commodity	PERCENT OF TOTAL**	AVERAGE VALUE	MAXIMUM VALUE

****DRY FREIGHT AND GENERAL FREIGHT CANNOT MAKE UP MORE THAN 5% OF TOTAL**

19. Is liquor or manufactured tobacco transported? Yes No **If yes, give details separately.**

REMARKS:

<p>IMPORTANT This form is not an application or offer to insure, but rather is solely for convenience in development of underwriting information for submission to one insurance company or companies to be determined.</p>	<p>IMPORTANT The information herein is for the purpose of obtaining an application or quotation for insurance from any one of several insurance companies and creates no obligation unless an application or quotation is offered and accepted.</p>
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The Applicant agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

DATE	INSURED'S SIGNATURE
BROKER AGENT:	ADDRESS: