

MOTOR TRUCK CARGO APPLICATION

1. Applicant: _____
 Company: _____
 Mailing Address: _____
 Terminal Address: _____
 Year Company Established _____ (If new venture, please complete attached profile.)

2. Names and addresses of Associated or Subsidiary Companies to be included: _____

3. Are Companies:
- a) Common Carriers: YES NO
 - b) Contract Carrier: YES NO (if so attach copy of contract)
 - c) Owner of Cargo: YES NO
 - d) Carrier exempt from ICC regulations: YES NO
 - e) Other – give details: _____

4. a.) Do any of the companies to be insured perform any operations other than that of a carrier:
 YES NO (details) _____

b) Do any of the companies to be insured sub-contract to other parties: YES NO
 If so, under long term leases (30 days +): YES NO or short term leases: YES NO

c) Are sub-contractors insured for their cargo liability: YES NO
 (if yes, please give details of steps taken to establish extent of cover provided, and to ensure cover remains in force). _____

5. Can you accurately record the actual values of the goods you carry: YES NO

6. Please provide the following information in respect of the last 5 years:

YEAR	GROSS RECEIPTS	NUMBER OF LOADS	% SUBCONTRACTED
19			
19			
19			
19			
19			
EST.			

7. Do you carry any of the following:
 Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, garments, wearing apparel, alcohol, beer, wine, radios, televisions, hi-fi's", computers and other electrical / electronic goods.

If so, please specify: _____

8. List by category and estimated % of the total loads shipped as follows:

TYPE OF CARGO	MAXIMUM VALUE PER LOAD	AVERAGE VALUE PER LOAD	% OF TOTAL LOADS
HEAVY MACHINERY			
ELECTRICAL EQUIP.			
WEARING APPAREL			
TOBACCO/CIGARETTES			
BEER/WINES/SPIRITS			
PRODUCE			
CHILLED FOOD			
FROZEN FOOD			
OTHER-PLEASE SPECIFY			

9. Limits required: \$ _____ any one truck/conveyance
 \$ _____ any one loss
 \$ _____ any one terminal/location
 Deductible preferred: \$ _____ each and every loss

10. Are vehicles left loaded and unattended in terminals or otherwise:
 (i) during the day: YES NO and/or (ii) overnight: YES NO If either answer is yes, give details of any security precautions taken to secure the vehicle and cargo: _____

11. Do you require cover for liability to cargo in terminals:
 on vehicles: YES NO off vehicles: YES NO If either answer is yes, is/are terminal(s)
 sprinklered: YES NO alarmed: YES NO fenced: YES NO
 watchman – 24hr: YES NO other protections (details) _____

12. Give approximate % of operations:
 Less than 250 miles radius: _____% 251-1000 miles radius: _____% 1001 + miles radius: _____%

13. Number of Tractor units: _____ Number of Trailers: Plain _____ Reefer _____
 Number of Trucks _____
 Total number of vehicles: _____ of which _____ are OWNED, and _____ are LEASED.
 Average age of vehicles: _____ years.

14. Total number of drivers: _____ of which _____ are Full Time employees, _____ are on long term lease (30 days plus) and _____ are on short term lease.
 Number of drivers under 25 years of age: _____
 Number of drivers over 60 years of age: _____

15. Give details of checking procedures maintained for employing new drivers: _____

16. Loss experience whether insured or not on All Risks/Broad Form basis from 1st Dollar with No Deductible for past 5 years:

YEAR	\$TOTAL PAID	No. OF LOSSES	BRIEF DETAILS OF LOSSES
19			
19			
19			
19			
19			

Attach a separate sheet if necessary.

17. Are over, shortage and damage statistics maintained: YES NO if yes, give totals open and paid for each of past 3 years:

19	\$	open and	\$	paid
19	\$	open and	\$	paid
19	\$	open and	\$	paid

18. List State(s)/Provinces with whom Filing(s) required: _____

19. I.C.C. Docket Number(s): _____

20. Has any Insurer within the past 5 years refused to renew or canceled insurance to the applicant: YES NO
If so please give details: _____

21. Please give details of the following:

a) Previous Carrier: _____	d) Present Deductible: _____
b) Expiration Date: _____	e) Present Rate/Premium: _____
c) Limits Carried: _____	

22. Date from which insurance cover required from: _____

23. Declaration:

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 pattern of my/our trade or trade practices shall be advised to the Company who may at their discretion, vary the terms and conditions of the contract.

FLORIDA ONLY PER STATUTE 817.234

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THIRD DEGREE."

INSURED'S SIGNATURE: _____ DATE _____
AGENT'S SIGNATURE: _____ DATE _____