



## MOTOR TRUCK CARGO APPLICATION

**Insured Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

MC & Dot Numbers: (MC) \_\_\_\_\_ (DOT) \_\_\_\_\_

Common Carrier Authority (Y/N) \_\_\_\_\_ Intra City Only (Y/N) \_\_\_\_\_

Contract Carrier Authority (Y/N) \_\_\_\_\_ Oversized Weight (Y/N) \_\_\_\_\_

Broker Authority (Y/N) \_\_\_\_\_

List State Filings required: \_\_\_\_\_

**GENERAL INFORMATION**

How many years in business as common carrier? \_\_\_\_\_ Contract carrier: \_\_\_\_\_

List gross revenues in last 3 years: (year) \_\_\_\_\_ (\$\$) \_\_\_\_\_  
 (year) \_\_\_\_\_ (\$\$) \_\_\_\_\_  
 (year) \_\_\_\_\_ (\$\$) \_\_\_\_\_

Estimated revenue for next policy term: \_\_\_\_\_

Estimated mileage for next policy term: \_\_\_\_\_

**Loss History**

<i>Date</i>	<i>Cause of Loss (collision, theft, etc.)</i>	<i>Type of Property</i>	<i>Amount Paid</i>	<i>Recovery</i>

**EMPLOYMENT PRACTICES**

What is your minimum driver age? \_\_\_\_\_

Minimum years of CDL driving experience that you require? \_\_\_\_\_

In screening prospective drivers, what percentage are checked for:

MVRs \_\_\_\_\_% Criminal records \_\_\_\_\_% Drug use \_\_\_\_\_%

Describe MVR screening criteria & frequency of checks:

\_\_\_\_\_  
 \_\_\_\_\_

Are existing drivers subject to periodic checks? Please describe:

\_\_\_\_\_  
 \_\_\_\_\_

**OPERATIONS**

Owned vehicles:

Tractors: \_\_\_\_\_ Dry van trailers: \_\_\_\_\_ Reefers: \_\_\_\_\_ Flat beds: \_\_\_\_\_ Tankers: \_\_\_\_\_ Straight: \_\_\_\_\_

Non-owned vehicles:

Tractors: \_\_\_\_\_ Dry van trailers: \_\_\_\_\_ Reefers: \_\_\_\_\_ Flat beds: \_\_\_\_\_ Tankers: \_\_\_\_\_ Straight: \_\_\_\_\_

Radius: Less than 150 miles: \_\_\_\_\_ % 150 to 500 miles: \_\_\_\_\_ %  
501 to 1,500 miles: \_\_\_\_\_ % over 1,500 miles: \_\_\_\_\_ %

# of cargo units: \_\_\_\_\_

List major cities and ports served:

Load breakdown:

\_\_\_\_\_ % of loads hauled by you under your Bill of Lading  
\_\_\_\_\_ % of loads hauled by others under your Bill of Lading  
\_\_\_\_\_ % of loads from hauling under another carrier's Bill of Lading  
100% total

What dollar amount do you hold owner/operators liable for: \$ \_\_\_\_\_

List top commodities hauled by volume & maximum value:

%	Commodity	Average Value	Maximum Value

What percentage of your vehicles are equipped with:

Satellite tracking: \_\_\_\_\_ %      Governors: \_\_\_\_\_ %      Theft alarms: \_\_\_\_\_ %  
Trailers padlocked: \_\_\_\_\_ %      Seals but not padlocked: \_\_\_\_\_ %

Are vehicles alarmed when unattended? \_\_\_\_\_

Are written reports kept of refrigeration maintenance? \_\_\_\_\_

What are the responsibilities of drivers to monitor and report refrigeration performance? \_\_\_\_\_

**TERMINALS TO BE INSURED**

Address: \_\_\_\_\_

Construction: \_\_\_\_\_ Security & hours of operation: \_\_\_\_\_

Address: \_\_\_\_\_

Construction: \_\_\_\_\_ Security & hours of operation: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Producer Signature / Date