



National Cargo - Motor Truck Cargo Application Scheduled Vehicle Policy

v8.13PAQ

AGENCY INFORMATION

Agency Name: _____ Producer Code: _____
Address: _____
City: _____ State: _____ Zip: _____

APPLICANT INFORMATION

Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone Number: _____
Years In Business: _____ DOT #: _____ State Authority #: _____
(under current authority)
Effective Date: _____ Expiration Date: _____
Action: Quote Issue
Does agent currently write this account? Yes No
Present Carrier: _____ Premium/Rate: _____
Has cargo coverage been cancelled or non-renewed in the past 3 years? Yes No
Has applicant filed bankruptcy within the past 3 years? Yes No
Has applicant had authority under a different name in the past 3 years? Yes No
If yes: Name of prior authority: _____
DOT# of prior authority: _____

TYPE OF OPERATION - (Check all that apply)

Dry Van / Box Refrigerated Freight Household Goods
 Flat Bed Oversized / Overweight Double Trailers
 Automobile Hauler Containerized Freight Mobile Home Hauler

TYPE OF CARRIER

Common Carrier Contract Carrier Freight Forwarder Freight Broker

FILINGS REQUIRED

FMCSA / BMC 34 State(s): _____

RADIUS OF OPERATIONS

_____ % under 300 miles _____ % 301 to 500 miles _____ % 501 to 1,500 miles _____ % over 1,500 miles
TARGET CITIES: (check all that apply) (based or transported to or from-more than 10 times / calendar year)
 Los Angeles, CA New York, NY Newark, NJ Miami, FL Chicago, IL

LIMITS OF INSURANCE

\$ _____ on any one vehicle in transit \$ _____ increased limit for specific shipper
\$ _____ any one loss Shipper Name: _____

DEDUCTIBLE			
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> Other: _____

COMMODITIES HAULED		
Commodity	Avg / Max Amount Per Load	%
	/	
	/	
	/	
	/	
	/	

OPTIONAL COVERAGES	
<input type="checkbox"/> Spoilage / Freezing Coverage - \$ _____ Deductible - (Provide Reefer Trailers / Equipment Below)	
<input type="checkbox"/> MTC Additional Coverages Plus Endorsement	<input type="checkbox"/> Livestock Downgrading Coverage
<input type="checkbox"/> Pollutant Clean Up (\$10,000 limit)	<input type="checkbox"/> Specified Causes of Loss
<input type="checkbox"/> Owners Goods Extension	
<input type="checkbox"/> Non Owned Trailer / Container Coverage \$ _____ limit any one trailer / container	

TERMINALS (list terminal location(s) if coverage is desired)		
Limit	Terminal Location Address	Construction
\$		
\$		
\$		

THEFT EXPOSURE	
Are vehicles EVER left Loaded and Unattended ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
Does applicant EVER leave Loaded Trailers Detached from power units? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
What security is provided for loaded vehicles ? (check all that apply)	
At locations: <input type="checkbox"/> Fenced Lot <input type="checkbox"/> Kingpin Locks	<input type="checkbox"/> Security Guards <input type="checkbox"/> Vehicle Theft Alarms <input type="checkbox"/> Cameras <input type="checkbox"/> In Locked Building
In transit: <input type="checkbox"/> GPS Device <input type="checkbox"/> Vehicle Theft Alarm	<input type="checkbox"/> Armed Guard in Vehicle <input type="checkbox"/> Other: _____

LOSS EXPERIENCE (past 3 years)						
Any losses within the past 3 years? <input type="checkbox"/> Y <input type="checkbox"/> N			Hard Copy Loss Runs Attached? <input type="checkbox"/> Y <input type="checkbox"/> N			
Policy Period	Amount Paid	# Claims	Cause(s) of Loss	Open Claim?		
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N	
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N	

APPLICANT'S DRIVER GUIDELINES (indicate each that apply)

MVR's obtained on all drivers at least annually.
 Number of moving violations (max in 3 yrs) _____

Minimum Years Experience _____
 Minimum Age _____ years old
 Maximum Age _____ years old

SCHEDULE OF DRIVERS (complete below or attach a schedule)

Driver's Name	Date of Birth	Drivers License Number	Years of Experience	Employment Date	# viol's / accd's past 3 years

SAFETY & MAINTENANCE

Is there a formal **Safety Program** in place? Yes No

If yes, please describe:

Explain your **Maintenance Program**, (ie, frequency, performed by whom, etc.)

SCHEDULE OF POWER UNITS (complete below or attach a schedule)

Year	Make	VIN	Limit

SCHEDULE OF REFRIGERATED TRAILERS (complete below or attach a schedule)

Year	Make	VIN

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Applicant Signature Date

Agent Signature Date