

MOTOR TRUCK CARGO

AGENCY INFORMATION					
Agency Name:					
Address:					
City:		State:		Zip:	

APPLICANT INFORMATION							
Applicant:							
Address:							
City:		State:		Zip:			
Inspection Contact Name:				Inspection Contact Phone:			
Inspection Contact Email:							
Years in business:		Docket #:		DOT #:			
Effective Date:				Expiration Date:			
Action:	Quote		Issue				
Does agent currently write this account?		Yes		No			
Present Carrier:				Premium/Rate:			
					Yes	No	
Has cargo coverage been cancelled or non-renewed in the past 3 years?							
Has applicant filed bankruptcy within the past 3 years?							
Has applicant had authority under a different name in the past 3 years?							
If Yes:	Name of prior authority:						
	DOT # of prior authority:						

TYPE OF OPERATION (Check all that apply)			
Dry Van/Box		Containerized Freight	
Flat Bed		Household Goods	
Pickups		Mobile Home Hauler	
Oversized/Overweight		Double Trailers	
Refrigerated Freight		Other (Describe)	
Automobile Hauler			

TYPE OF CARRIER (Check all that apply)			
Common Carrier		Freight Forwarder	
Contract Carrier		Freight Broker	

RADIUS OF OPERATIONS			
% under 300 miles		% 501 to 1,500 miles	
% 301 to 500 miles		% over 1,500 miles	

LIMITS OF INSURANCE	
On any one vehicle in transit	\$
Any one loss	\$
Increased limit for specific shipper	\$
Shipper name:	

DEDUCTIBLE							
\$1,000		\$2,500		\$5,000		Other:	

COMMODITIES HAULED		
Commodity	Avg / Max Amount Per Load	%

OPTIONAL COVERAGES (Select)			
	Spoilage / Freezing Coverage	Deductible	\$
	MTC Additional Coverages Plus Endorsement		
	Pollution Clean Up and Removal Coverage		
	Owners Goods Extension		
	Specified Causes of Loss		
	Non Owned Trailer / Container Coverage		
	Limit any one trailer / container		\$

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

LOSS EXPERIENCE (past 3 years)				
Any losses within the past 3 years		Yes		No
Hard Copy Loss Runs Attached?		Yes		No
Policy Period	Amount Paid	# Claims	Cause(s) of Loss	

APPLICANT'S DRIVER GUIDELINES				
Are MVR's obtained on all drivers at least annually?		Yes		No
Does any driver have a Major Violation (past 3 years)?		Yes		No
Number of moving violations (max in 3 years)?				
Minimum Years' Experience				
Minimum Age / Maximum Age (years old)				
Provide copy of all current MVRs				

SCHEDULE OF DRIVERS (complete below or attach a schedule)

Drivers Name	DOB	Driver License #	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 (i.e., frequency, performed by whom, etc.)					

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

Year	Make	VIN	Limit

SCHEDULE OF TRAILERS (complete below or attach a schedule)

Year	Make	VIN	Type of Trailer (i.e. Dry, Reefer, Flat, etc.)

EXPECTED GROWTH

Are you expecting to add additional power units in the next 12 months:	Yes		No	
If yes, how many:				

NEW VENTURE (please provide the following information)

Narrative of Operation: How did this company come to be, how do you secure loads, why will people do business with your operation, how do you secure drivers, what are your growth plans over the next 5 years, etc.

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5 year prior work history of owner:

Years	Name of Employer	Contact	Phone#	Employee or Owner Operator	Commodities
Present:					
Prior 1st Year:					
Prior 2nd Year:					
Prior 3rd Year:					

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