



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

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

COMMODITIES HAULED

| Commodity | Avg / Max Amount Per Load | % |
|-----------|---------------------------|---|
| | / | |
| | / | |
| | / | |
| | / | |
| | / | |

OPTIONAL COVERAGES

Spoilage / Freezing Coverage - \$ _____ Deductible - **(Provide Reefer Trailers / Equipment Below)**
 MTC Additional Coverages Plus Endorsement Livestock Downgrading Coverage
 Pollutant Clean Up (\$10,000 limit) Specified Causes of Loss
 Owners Goods Extension
 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**? 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**? (check all that apply)

At locations:
 Fenced Lot
 Security Guards
 Cameras
 Kingpin Locks
 Vehicle Theft Alarms
 In Locked Building

In transit:
 GPS Device
 Armed Guard in Vehicle
 Vehicle Theft Alarm
 Other: _____

LOSS EXPERIENCE (past 3 years)

Any losses within the past 3 years? Y N
 Hard Copy Loss Runs Attached? Y 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

