***MOTOR TRUCK CARGO APPLICATION***

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| Applicant’s Name: | Broker: | Broker Code: |
| Applicant’s Address: | How Long in Business: | |
| Policy Period:       to       (12:01 AM) | Annual Revenue: $ | |

|  |  |
| --- | --- |
| Description of business: | |
| Common Carrier: | Private/ Contract Carrier: |
| Is the applicant hauling own goods? | Goods of others? |
| Does the applicant use sub-contractors?  Yes  No | |
| Are sub-contractors required to show proof of insurance?  Yes  No | |
| Commodities hauled:       USA:       Radius: | |
| Maximum value per load: | Average per load: |
| Is there a Bill of Landing, and with whom? | |
| Have all drivers’ history and accident records been checked?  Yes  No | |
| Limit required $ | Deductible 5%/ 1000 min. |
| Type of coverage:  All Risk  Named Perils | |

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| **List of powered units:** | | | |
| Year | Trade Name | Body | S/N |
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| **Loss and Policy History** | | | | | |
| Have there been any *losses* or *claims* by the applicant in the past 5 years? If yes, complete below:  Yes,  No | | | | | |
| Date of Loss | Location # | Cause | Paid Amount | Insurance Company | Policy # |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Previous Insurer:** | | | **Policy #:** | | |
| Has any insurer *cancelled, declined or* *refused* to renew Commercial Insurance in the past 5 years?  Yes,  No | | | | | |
| **Supporting Business:** Policy #: | | | Company: | | |

Applicant’s Signature:       Date: