***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: $      |

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| 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: