

## MOTOR TRUCK CARGO APPLICATION

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? <input type="checkbox"/>	Goods of others? <input type="checkbox"/>
Does the applicant use sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are sub-contractors required to show proof of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Limit required \$	Deductible 5%/ 1000 min.
Type of coverage: <input type="checkbox"/> All Risk <input type="checkbox"/> Named Perils	

**List of powered units:**

Year	Trade Name	Body	S/N

**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 <i>cancelled, declined or refused</i> to renew Commercial Insurance in the past 5 years? <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Supporting Business: Policy #:	Company:

Applicant's Signature:

Date: