

**GENERAL INFORMATION SECTION**  
 Attach cargo and/or physical damage sections

REF# \_\_\_\_\_  
 C# \_\_\_\_\_

Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Terminal Address If Different \_\_\_\_\_  
 Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Years in business: \_\_\_\_\_ Any Prior Coverage Canceled or refused: \_\_\_\_\_

**VEHICLE SCHEDULE (list loss payees on physical damage section)**

YEAR	MAKE	TYPE	VIN	CARGO LIMIT	VALUE

**APPLICANT'S STATEMENT:** I hereby authorize the insuring companies and/or its agents to obtain from the department of public safety a copy of my motor vehicle report for use in rating and/or underwriting the insurance for which I do hereby apply, and any renewal thereof. I understand that in obtaining a motor vehicle report a consumer reporting agency may be used by the insurer(s) and I do hereby authorize such use. I hereby certify that the named drivers listed on this application have authorized me to consent on their/his/her behalf for the insurer to obtain motor vehicle report(s) for rating and/or underwriting.

**DECLARATION:** I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that/We agree that if a policy is issued, this form shall be the basis of the contract and that any change of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. All statements on this application will become warranties to the policy.

I understand that the hiring of acceptable drivers and the reporting of all drivers to the insurance company is a requirement of this insurance. Failure to do so may result in cancellation of any policy issued and denial of any claim.

Applicant's Signature \_\_\_\_\_ Dated \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_  
STREET ADDRESS

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
CITY STATE ZIP

**COMMERCIAL VEHICLE PHYSICAL DAMAGE SUPPLEMENTAL FORM**

Use with General Information Section

1. Applicant Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Types of Cargo: \_\_\_\_\_ Radius: \_\_\_\_\_

3. Details of driver hire investigations and guidelines observed: \_\_\_\_\_

4. Will any of your scheduled equipment ever be loaned, rented or leased to any third party?  Yes  No

If yes, who will be responsible for loss and/or damage to such loaned, rented, or leased equipment while in the care custody and control of third parties. \_\_\_\_\_

5. Do you own or use trucks and/or trailers other than those specified in this schedule?  Yes  No

If yes, specify such vehicles and state reasons why insurance is not required: \_\_\_\_\_

6. Is all specified equipment regularly inspected and serviced?  Yes  No

Give brief details: \_\_\_\_\_

1. **Paid and outstanding loss information:** Losses sustained by applicant during last 5 years showing details for each year separately and whether claims are from ground up or net of any deductible. Please specify amount of deductibles:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drivers Name	DOB	License No. & State	Yrs. Exp.	Violations	Accidents

Unit	Loss Payees

Agency \_\_\_\_\_

Address \_\_\_\_\_

STREET ADDRESS

CITY STATE ZIP

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**MOTOR TRUCK CARGO SECTION**

To be attached to and form part of the policy if issued      Use with general applicant section

1. Applicant Name: \_\_\_\_\_ doing business as :  
 Company: \_\_\_\_\_ Year established: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ICC Docket No. MC

2. Names, addresses, and functions of associated or subsidiary companies to be included: \_\_\_\_\_  
 (attach separate sheet if necessary)

3. Are Companies:             Common Carriers             Contract Carriers (If so attach copy of contract)  
     Owner of Cargo             Private Carriers             Other (specify)  
 If you contract on a released liability basis please attach a copy of a specimen waybill showing how much liability you accept. Also, please give details of your additional valuation rates and the approximate annual level of additional valuation charges you receive.

4. Do any of the companies to be insured perform any operations other than that of a carrier? \_\_\_\_\_  
 a) Do any of the companies to be insured sub-contract to other parties? \_\_\_\_\_ If so, Long term (30 Days plus), or Short term leases: \_\_\_\_\_  
 b) Are sub-contractors insured for their cargo liability? \_\_\_\_\_ (If yes, please give details of steps taken to establish extent of cover provided, and to ensure cover remains in force).  
 \_\_\_\_\_  
 Please attach details of any **YES** answers to the above-attach separate sheet if necessary

5. Please provide the gross receipts for the past five years:

YEAR	G.R. OWN HAULS	G.R. SUBCONTRACTED	TOTAL G.R. ALL OPERATIONS
2005			
2006			
2007			
2008			
2009			
EST.			

6. The following interests are **EXCLUDED** under the basic policy form, but can normally be covered at an additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and/or other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, alcohol, beer, wine, garments (defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like), seafood unless canned, and electronics (defined as : all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, HI-Fi's, CD players, and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are not considered to be electronics.

7. Form of cover required:      Broad Form       incl. Reefer Breakdown       Named Peril Form

**2. List by category and percentage of the total loads shipped:**

Type of Cargo	Avg. Value per load	Max. Value per load	% of total loads
Machinery			
Tobacco			
Produce			
Chilled Food			
Frozen Food			
Building Materials			

9. Do you require cover for cargo in terminals or at other places where vehicles are left overnight or at weekends either on vehicles? \_\_\_\_\_ or off vehicles? \_\_\_\_\_  
 If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced Yard Locked at night?	24 hr. watchman	Alarmed Building	Sprinkle red Building	Max. Value Exposed?

10. Limits required:

a) \$ _____ a.o. vehicle	If limit for 10b is in addition to 10c, specify overall loss limit needed \$ _____
b) \$ _____ a.o. loss (vehicle accumulation)	
c) \$ _____ a.o. Terminal (off vehicles)	

Do you ever carry loads valued greater than the cargo insurance limit requested? Yes  No  If yes, explain.

11. Give details of any steps taken to secure vehicles whenever left unoccupied: \_\_\_\_\_

12. Give details of any I.C.C. or State/Provincial cargo filings required: \_\_\_\_\_

Percentage of hauls by distance:      1-250 miles                      251-1000 miles                      1001 + miles

13. Give details of the number of vehicles for which cargo coverage is required:

Tractor Units		Reefer Trailers 10 yrs old or less	
Straight Trucks		Reefer Trailers more than 10 yrs old	
Reefer Trucks		Flat bed trailers	
Tank Trucks		Tank Trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

14. Give power unit vehicle identification numbers if scheduled vehicle policy required.

1		6	
2		7	
3		8	
4		9	
5		10	

15. Drivers Name	DOB	License No. & State	Yrs. Exp.	Violations	Accidents

16. Give details of checking procedures maintained for employing new drivers: \_\_\_\_\_

17. Give the criteria used to determine whether to fire existing drivers: \_\_\_\_\_

18. Loss experience whether insured or not, for the past 5 years on All Risks / Broad form basis FROM 1ST DOLLAR / WITH NO DEDUCTIBLE :

YEAR	PAID	OUTSTANDING	WHAT HAPPENED?
Current			
1 <sup>st</sup> Yr. Prior			
2 <sup>nd</sup> Yr. Prior			
3 <sup>rd</sup> Yr. Prior			
4 <sup>th</sup> Yr. Prior			

19. Are details of claims within deductibles (overage, shortage, and damage) maintained? If so, give details for 3 years:

Year	Total amount paid	Total amount outstanding

20. Has any insurer refused to renew, or canceled insurance to the applicant within the past 5 years? Yes  No   
If yes, give details \_\_\_\_\_

21. Give details of your existing cargo insurance.

Carrier		Existing Deductible	
Renewal Offered?		Existing limit	
Existing Rate		Expiration date	

22. Date from which insurance coverage is required: \_\_\_\_\_

23. I/we hereby declare that the statements and particulars given on this form are true to the best of my/our belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
Position \_\_\_\_\_

**Agency**

**Address**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP**

**Phone**

**Fax**