



Cargo Application

Section I - General Information

Policy #: _____

1. Policy Period Desired _____ Phone # _____

2. Applicant Name _____ Fax # _____

(dba) _____

E-mail Address _____ Website _____

3. Inspection Contact _____

4. Mailing Address _____

5. Physical Address _____
(if different from mailing)

6. Insured is: Individual Partnership Corporation Limited Liability Corp. Other: _____

7. Describe business/operations _____

8. Cargo hauled (be specific) and percentage of each (must equal 100%): _____

9. Years operating this business: _____

10. New Venture Yes No (If "Yes", complete New Venture Supplement TR1023)

11. Have you ever operated this type of business under another name? Yes No
If "Yes," what was the name of that business? _____

12. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or the policy renewal refused? (This question is not applicable in Missouri) Yes No
If "Yes," explain: _____

13. Applicant is: Common Carrier Contract Carrier Owner of Property

Section II – Coverages and Limits Requested

14. Coverage: Broad Form with Theft Broad Form without Theft Specified Causes of Loss

15. Optional Coverages:

A. Earned Freight

B. Refrigeration Breakdown.

1. For refrigeration breakdown, do you use non-owned trailers? Yes No
2. For owned trailers, list any that are 20 years old or more below. Must provide inspection for most recent service performed. _____

Description of Trailer with Refrigerated Unit	Date and type of last service performed on Refrigerated Unit

Attach additional sheet if necessary

16. Select a Cargo Limit and deductible:

Cargo Limit (Please indicate vehicle # on limit line)	Cargo Deductible – Other Than Theft (only choose one per policy)	Cargo Deductible – Theft (only chose one per policy)
<input type="checkbox"/> \$5,000 _____ <input type="checkbox"/> \$10,000 _____ <input type="checkbox"/> \$25,000 _____ <input type="checkbox"/> \$50,000 _____ <input type="checkbox"/> \$75,000 _____ <input type="checkbox"/> \$100,000 _____ <input type="checkbox"/> \$150,000 _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000

17. Complete the table below for each power unit used to haul cargo (attach separate sheet if necessary)

Unit #	Year	Make/Model	Vehicle ID	Cargo Hauled	% must total 100%
1					
2					
3					
4					
5					

Attach additional sheet if necessary

Section III – Driver Information

18. Give name, title & phone number of person responsible for Driver Hiring & Training: _____

19. Are all drivers employees of the applicant? Yes No If No, provide details _____

20. Are MVR's ordered within 7 days of employment? Yes No

21. Are there guidelines in place to restrict personal cell phone use? Yes No

22. Indicate which Driver Selection Guidelines are in place (select all that apply):

- Written Application
- Review of Motor Vehicle Record prior to Hiring
- Reference Checks
- CDL required
- Written Test
- Road Test
- Physical Exam
- Drug Testing
- Background Check

23. Number of drivers hired in the past 6 months _____

24. Are all drivers required to have a minimum of 2 years prior driving experience with like equipment? Yes No

25. Indicate driver's maximum hours of operation: Daily _____ Weekly _____

26. Driver Safety and Training (select all that apply and submit copy of all existing driver programs)

- Written driver safety program Driver training program
- Driver safety incentive program
- Regular safety meetings with the drivers
- Driver discipline program
- Accidents reviewed with at fault driver to discuss corrective or disciplinary action plan
- Company work rules

27. Driver Schedule:

Driver Name	DOB	License #/State	Yrs Driving Similar Equipment	# Moving Viol/Acc in Past 3 Yrs
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Attach additional sheet if necessary

Section IV - Filing Information

For prompt and accurate filing, complete information must be given including name, address and Docket number, EXACTLY as authority exists. Use separate sheet if necessary. Failure to provide accurate information will result in delays and possible suspensions.

28. Cargo filings required: State Federal Oversized/overweight filing or permit Hazmat

29. DOT# _____ ICC or MC# _____ Federal ID# _____

30. State or City filings required? Yes No
 If "Yes," list States/Cities and permit numbers _____

31. Do you hold broker authority? Yes No

32. Are Canadian Filings required? Yes No

Section V – Terminal Coverage

33. Location information:

Terminal address	Limit
1.	
2.	
3.	

Section VI – Security

34. Describe theft barriers while at the terminal. Check all that apply:

Fence & Gate Surveillance cameras 24-hour guard service Well-lit lot Locked trailer None

35. Describe building conditions for each terminal. Answer all that apply:

1. Construction _____ Occupancy _____ Public Protection Class _____
2. Construction _____ Occupancy _____ Public Protection Class _____
3. Construction _____ Occupancy _____ Public Protection Class _____

36. Describe theft prevention while not at terminal. Check all that apply:

Locked cab Locked and secured trailer Well-lit lot Alarm system None

Section VII – Loss History

37. Loss History (MUST BE COMPLETED IN ITS ENTIRETY)

Policy Period	Insurance Carrier	Policy #	Total Amount of Cargo Loss Including Reserves	Type Of Cargo In Loss and/or Auto Related Loss
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maine, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits

Section VIII – Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Printed Name _____

Applicant's Signature Date _____

Witness (if applicable) Date _____

Agent/Broker:

Are you personally familiar with this Applicant's operations? Yes No
Did your office control this risk in the past year? Yes No

Agent's or Broker's Name (please print) Telephone Number Agent's or Broker's Signature

Agent's or Brokers Address Date _____

License Number: _____