



Motor Truck Cargo Application

1. Name _____
2. Mailing Address _____
3. Physical Address _____
4. Cargo filing (required for HHG movers only): Yes No If yes, give docket number _____

COVERAGE INFORMATION

5. Dates coverage desired: From _____ to _____
6. Check type of coverage desired: Covering legal liability on public truckmen
 Covering Owner's goods on owner's trucks
7. Form desired: Named Perils Named Perils Plus Theft All Risk
8. Flat Rate Gross Receipts Basis
9. Deductible: \$250 \$500 \$1,000 \$2,500 Reefer Breakdown Other \$ _____

DESCRIPTION OF VEHICLES

Unit No.	Year	Make	Full Vin Number	Body Type	Cargo Limit Per Vehicle
1					
2					
3					
4					
5					

(If not enough space, attach schedule).

UNDERWRITING

11. Number of years in business _____ or No prior cargo coverage
12. Will any high theft items ever be hauled? (i.e. Liquors, Tobaccos, Tires, Cigarettes) Yes No
 If yes, explain _____
13. States in which Insured operates _____
14. Principle cities in which Insured frequently travels _____
15. Radius of operation: Local (0-100 miles) Intermediate (100-200 miles) Long Haul (200+ miles)
16. Number of runs per month _____
17. Annual Mileage _____

18. Are trucks ever left unattended while loaded? Yes No If yes, please explain _____

19. Are trucks regularly garaged while on route? Yes No If yes, give details of security arrangements used At garage _____

20. Are trucks loaded at night for early morning start? Yes No
 If yes – Garage location _____
 - Security arrangements at garage(s) _____

21. Do any vehicles have open bodies? Yes No
 If yes – Which ones are open? _____
 - Is open cargo tarped? _____

22. Are any vehicles fitted with alarms, two man crews, or other protective devices? Yes No If yes, please give brief details _____

23. Prior carrier and loss history last three years:

Year	Prior Carrier	Premium	No. of Losses	Description of all Losses	Amount

24. Has any Carrier cancelled, declined, or refused to renew? Yes No If yes, provide complete details _____

26. Fill in the type of property hauled

Property	%	Avg Value	Max Value	Property	%	Avg Value	Max Value
Alcoholic liquors (wines & beer)				Merchandise (general)			
Appliances				Machinery			
Auto haulers				Meat (packaged or swinging)			
Auto parts				Milk, cream			
Boats (make)				Mobile homes (single)			
Building materials				Mobile homes (double)			
Candy				Nuts (domestic)			
Canned goods				Nuts (imported)			
Chemicals				Oilfield equipment			
Clothing (manufactured)				Paper products			
Cotton (baled)				Pipe, steel, PVC			
Eggs (shell)				Poultry (live)			
Electronic goods				Poultry (refrigerated &/or dressed)			
Farm products (non-perishable)				Seafood (general)			
Fertilizers				Shrimp, crabs, oysters, scallops			
Containerized freight				Steel, iron			
Fruit & produce				Steel products			
Frozen & iced				Textile (cloth)			
Furniture (manufactured)				Tires (new &/or used)			
Gas, oil, bulk				Tobacco (hogshead)			
Grain, rice, soy				Tobacco (leaf)			
Livestock, sheep hogs				Tobacco products			
Lumber, ply, panel				Other			

DRIVER INFORMATION

27. List all drivers below – if not enough space, attach a list of drivers.

Driver's Name	Date of Birth	DL#	# of Yrs Commtl. Driving experience	# of Yrs Licensed	# of Accidents & violations w/details

28. Has any driver listed been convicted of or have PENDING any court cases or litigation regarding DWI/DUI of alcohol or drugs, license suspensions for moving violations, felonies, hit and run, eluding an officer, reckless/negligent operation of a vehicle, driving while license suspended or revoked? Yes No
 If yes, describe (including dates) _____

29. Does any of your work or operations cross international borders? Yes No

30. How many times per year does your work and operations cause you to cross an international border? _____
If you cross into Mexico, coverage is not applicable.

31. Does your driver selection include:

- | | |
|--|--|
| <input type="checkbox"/> Written application | <input type="checkbox"/> Physical exam |
| <input type="checkbox"/> Check with previous employer | <input type="checkbox"/> Criminal background check |
| <input type="checkbox"/> Drug test prior to hiring | <input type="checkbox"/> Random drug test after hiring |
| <input type="checkbox"/> Obtaining MVR before hiring | <input type="checkbox"/> Obtaining MVR after hiring |
| <input type="checkbox"/> Road test in type of vehicle to be operated | |

Agency: _____

Producer Signature: _____

Insured's Printed Name: _____

Insured Signature: _____

Date: _____

NON DRIVING STATEMENT:

I, the undersigned, do hereby certify that I do not drive any vehicle(s) that require a commercial driver's license (CDL).

Signature: _____

Date: _____