

Motor Truck Cargo Application (Including Owner's Goods)



Applicant Name: _____ Date Completed: _____

Effective Date: _____ to _____ FEIN: _____

Business Type: Individual Partnership Corporation LLC Other _____

Mailing Address: _____

(Street, City, State, Zip Code)

Website Address: _____ Phone # (including area code): _____

Inspection Contact: _____ Contact Phone #: _____

Attach a list of all garaging locations if different from mailing or complete the following table.

| Address | City | State | Zip Code |
|---------|------|-------|----------|
| | | | |
| | | | |

Coverages

Limit \$ _____ Deductible \$ _____

Reefer Breakdown

Yes No Deductible \$ _____ (Deductible will match other perils deductible subject to a minimum of \$2,500)

Trailer Interchange

Max value per trailer \$ _____ # of days _____

Personal Property Coverage (\$5,000 sublimit with \$250 deductible) Yes No

Increased Electronic Equipment Coverage (up to \$25,000 sublimit with \$1,000 deductible) Yes No

1. How long has current ownership been in place? _____

2. Has applicant filed bankruptcy in the past 7 years? Yes No

3. Describe applicants primary operation: _____

4. List applicants three primary shippers: _____

5. Percentage of trips of operation in the various radius categories:

0-50 _____% 101-200 _____% 301-500 _____%
51-100 _____% 201-300 _____% 501-over _____%

6. Complete for all applicable commodities (must add up to 100%)

| Commodities being hauled? <i>Include UN # if hazardous commodity.</i> | % of Loads | Maximum Value | Average Value |
|---|------------|---------------|---------------|
| | % | \$ | \$ |
| | % | \$ | \$ |
| | % | \$ | \$ |
| | % | \$ | \$ |
| | % | \$ | \$ |
| | % | \$ | \$ |
| | % | \$ | \$ |
| | % | \$ | \$ |

7. Historical Operating Information:

| | Gross Receipts | Total Mileage | Owned # Power Units | Owner Operator # Power Units |
|----------------------------|----------------|---------------|---------------------|------------------------------|
| Current Year | \$ | | | |
| 1 st Year Prior | \$ | | | |
| 2 nd Year Prior | \$ | | | |
| 3 rd Year Prior | \$ | | | |

8. If hauling general freight or dry freight, describe: _____

9. Does applicant anticipate hauling goods or entering into a contract that would exceed the policy limit? Yes No
If yes, provide details: _____

10. Does applicant have loaded spare trailers? Yes No If yes, number of trailers: _____

11. List security measures taken (including spare loaded trailers):
 Cameras Fence GPS Tracking System Bar Code Scanning
 Security Guards Lighting King Pin Locks Other _____

12. Provide currently valued (within the last 3 months) company loss runs for the current year and 3 prior years. If less than 5 power units, applicant may complete the following chart instead of providing loss runs.

| Policy Term | | Carrier | # of Claim | Total Incurred |
|-------------|------|---------|------------|----------------|
| To | From | | | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

13. Provide a list of equipment that includes model year, trade name, type, and VIN or complete the following table.

| Year | Make | VIN |
|------|------|-----|
| | | |
| | | |
| | | |
| | | |

Filings - Complete only if filings are required.

Provide authority number: State #: _____

1. Does applicant own or operate any equipment not listed on the vehicle schedule? Yes No

2. Provide name and address under which filing should be issued: _____

Schedule of Coverages – Trip Transit Coverage

Complete only if writing Trip Transit Coverage or endorsement to existing Motor Truck Cargo Liability Policy.

Covered Shipment

- 1. Described Property: _____
- 2. Date of Shipment: _____ Until _____
- 3. Shipped from: _____
- 4. Shipped to: _____
- 5. Requested Limit: \$ _____
Requested deductible: \$ _____
- 6. Modes of transportation (check all that apply): Aircraft Carrier for Hire Owned Vehicle Railroad
- 7. Does this shipment require refrigeration breakdown Yes No (Complete only if existing policy does not offer coverage)
If yes, deductible: \$ _____ (Deductible will match other perils deductible subject to a minimum of \$2,500)

Freight Broker/Freight Forwarder Receipts - Complete only if Contingent Cargo coverage is desired.

Brokerage Receipts: Current year: \$ _____
Prior year: \$ _____

Forwarder Receipts: Current year: \$ _____
Prior year: \$ _____

Total Receipts Current year: \$ _____
Prior year: \$ _____

Transportation - Complete only if writing Transportation coverage.

Modes of Transportation (complete all that apply).

- Aircraft _____ % \$ _____ Limit
- Owned Vehicle _____ % \$ _____ Limit
- Carrier for Hire _____ % \$ _____ Limit
- Railroad _____ % \$ _____ Limit
- TOTAL _____ %

Notice to Nebraska Applicant: **No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.**

Fraud Notice to Applicants: 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss 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.

District of Columbia: Warning - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. Any person who knowingly 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.

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

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kansas: Any person who commits a "fraudulent insurance act" may be guilty of a criminal offense and subject to penalties under state law. A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial insurance or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial insurance or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

Louisiana: Any person who knowingly 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.

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

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

Massachusetts and Nebraska: Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

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 Mexico: Any person who knowingly 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 civil fines and criminal penalties.

New York: 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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Ohio: Any person who, with the intent to defraud or knowing that he/she 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.

Oregon: Any person who makes an intentional misstatement that is material to the risk may be guilty of insurance fraud.

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 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.

Rhode Island: Any person who knowingly 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.

Tennessee: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: 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.

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.

Signature: _____ **Date:** _____
Authorized Entity Representative

Signature: _____ **Date:** _____
Agent

Required in the State of Florida:

Signature: _____ **Date:** _____
Authorized Entity Representative

Signature: _____ **Date:** _____ **Agent License #:** _____
Agent

Required in the State of Iowa:

Signature: _____ **Date:** _____
Authorized Entity Representative

Signature: _____ **Date:** _____
Agent

Name of Soliciting Agent: _____ **Date:** _____
Please Print