

Motor Truck Cargo

Please attach to Basic App or ACORD 125.

Operations are:		<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Contract Carrier
	<input type="checkbox"/> Freight Forwarder	<input type="checkbox"/> Transportation Broker	
	<input type="checkbox"/> Exempt or Private	<input type="checkbox"/> Other: _____	
LIMITS OF INSURANCE			
\$ _____ on any one vehicle in transit		OR	<input type="checkbox"/> A schedule of vehicles and their limits is attached.
\$ _____ any one loss, whether loaded or unloaded			
TERMINALS			
Amount of Ins	Address	Construction	Fire & Theft Protection
Deductible: \$ _____			
<input type="checkbox"/> Spoilage/Freezing coverage desired.		Spoilage Deductible:	\$ _____
<input type="checkbox"/> Reporting form desired:		<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual
FILINGS REQUIRED			
<input type="checkbox"/> ICC/Surface Transportation Board; Docket No: _____			
<input type="checkbox"/> State(s): _____			
OPERATIONS			
Gross Receipts:	Year; _____	Amount;	\$ _____
(past 3 years)	_____		\$ _____
	_____		\$ _____
	Next 12 months (estimated):		\$ _____
Major Customers:	_____	_____	%
	_____	_____	%
	_____	_____	%
	_____	_____	%
	_____	_____	%
Commodities Hauled	% of time hauled	Average Value	Maximum Value
Identify percentage that each of the following represents to the total of all commodities hauled (if applicable):			
Alcoholic Beverages _____ %	Eggs _____ %	Bulk Liquids _____ %	
Drugs _____ %	Flammable Liquids _____ %	Explosives _____ %	
Meat or Seafood _____ %	Clothing _____ %	Cigarettes/Cigars _____ %	
Auto Parts/Tires _____ %	Comptrs/TV/Electrnics _____ %	Precious Metals/Alloys _____ %	
Percent of hauls requiring temperature control: _____ %			
Shipments requiring rigging: _____ %			
Radius: _____ % < 50 miles		_____ % 50-250 miles	_____ % 250-500 miles
Principal cities served: _____			

OPERATIONS, continued...

FD-302 (Rev. 11-19-83)

Do you haul goods that you own? Yes* No
 * Describe: _____
 * Annual Values shipped: \$ _____

Do you maintain a formal safety program? Yes* No
 * Explain: _____

Any overages, shortages or damages claims pending? Yes No
 Does applicant backhaul property of others? Yes No
 _____ % Trip-leased to other carriers % Trip-leased from other carriers
 _____ % Brokered load to other carriers % Brokered load from other carriers

ABOUT THE DRIVERS...

Are all drivers employed full-time? _____ Yes No
 Does applicant obtain MVR verification on all drivers? Yes No
 Does applicant hire owner operators? Yes No
 Do drivers receive regular physicals? _____ Yes No
 Are drivers bonded? _____ Yes No
 Average length of service of drivers: _____ years
 Maximum # of hours drivers will operate in a 24-hour period: _____ hours
 How are drivers screened?
 Drug and alcohol test
 Minum age, _____ years
 Years of experience, _____ years
 Maximum # of moving violations in past 3 years; _____ violations
 Other: _____

Schedule of drivers, incl, license #, state of issue, date of birth, and years of driving experience, is attached.

ABOUT THE VEHICLES...

Average value per load: \$ _____ Maximum value per load: \$ _____
 Number of: Box Van Trailers Flat Bed Trailers
 Owned Tractors Leased Tractors
 Refrigerator Units Tank Trucks
 Trucks
 Average age of vehicles: _____ years

A schedule of vehicles is attached which includes the following information:
 Manufacturer Vehicle Type Capacity
 Model Year Serial Number
 Radius of Operations
 Description of any alarms with which the vehicle is equipped.

Describe the vehicle maintenance program (incl. who performs it, how often, and what records are kept):

Are vehicles left loaded and unattended? Yes* No
 * When and where? _____

What security is provided for loaded vehicles? Fenced Lot Kingpin locks
 Security Guards Other: _____

Number of drivers on each truck: