

Motor Truck-Cargo Application

Effective: _____

1. Name:					2. Address - Terminal locations if more than one.				
3. Business is: <input type="checkbox"/> Common Carrier No. years in business _____ <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carriers (Owner's goods on own vehicle.)					4. Full names and titles of officers, owners, partners Telephone #				
5. With what regulatory commissions are policies to be filed?					6. File or docket numbers? I.C.C., Pa., Ohio, N.Y., In.				
7. Operates in States or Provinces of:									
8. Routes, (principle cities):									
9. Number and Type of Vehicles: Cars _____ Tractors _____					10. Radius of Operation (List no. of units in each group) or Percent				
Type Vehicle	Van	Flatbed	Refrigerated	Tank	Bulk	Vehicle Type	Local	250 + Miles	Over 500 Miles
Cars						Trucks			
Tractors						Tractors			
Trucks						11. Gross Receipts for the Past Four Years			
Semi-Trailers						Period		Cargo Rate	Revenue
Full-Trailers						From	To		
Double Deck									
IF ANNUAL TRUCKING REVENUE EXCEEDS \$1,000,000, ATTACH FINANCIAL STATEMENT									
12. Do you own or use equipment other than that listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details					Estimated for Coming Year:				
13. Do you lease, loan or rent any of your equipment to others? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details									
14. Name of present insurance carrier(s) and Policy No.(s)					16. Are present policies being canceled or not renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:				
15. Deductible(s) on Prior Policies:					Present Insuring Conditions: Form & Deductible Requested:				
17. Limits Requested:		Average Exposure per Vehicle		Maximum Exposure per Vehicle					
per vehicle	per disaster								
\$	\$	\$		\$					
18. Is terminal coverage required? If yes, details page 2.					20. Is liquor or manufactured tobacco transported > If yes, give details separately.				
19. Experience - Current and Past Two Years: FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE									
Period		Premium	No. Clms	Losses Paid and Outstanding					Totals
From	To			Fire	Collision	Overtum	Theft	Other	
21. DETAILS OF LARGE LOSSES:									

