

Motor Truck Cargo Application

Effective date: _____

Name _____ Operates in States or Provinces of _____

Address Terminal Locations if more than one _____

Full names and titles of officers, owners, partners _____

Phone Number _____ Number of years in business _____

Business is: Common Carrier Contract Carrier Private Carriers (Owners goods on own vehicle)

Operates in States or Provinces of: _____

Routes (principal cities): _____

Number & Type of Vehicles:		Cars		Tractors		
Type Vehicle		Van	Flatbed	Refrigerated	Tank	Bulk
Cars						
Tractors						
Trucks						
Semi-Trailers						
Full-Trailers						
Double Deck						

Radius of Operation (List # of units in each group or Percent)			
Vehicle Type	Local	250+ Miles	Over 500 Miles
Trucks			
Tractors			

Gross Receipts for Past Four Years		
Period		
From	To	Revenue
Estimated for Coming Year:		

Limits Requested		Average Exposure per Vehicle	Maximum Exposure per Vehicle
per vehicle	per disaster		
\$	\$	\$	\$

Number of Employees _____ Deductible(s) on Prior Policies _____

Own or use equipment other than that listed above? Yes No Details _____

Lease, loan or rent any of your equipment to others? Yes No Details _____

Name of current insurance carrier & Policy Number _____

Present Policies being canceled or not renewed Yes No Details if yes _____

Is terminal coverage required? Yes No Details if yes _____

Experience - Current and Past Two Years FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE									
Period		Premium	No. Claims	Losses Paid and Outstanding					Totals
From	To			Fire	Collision	Overturn	Theft	Other	

Drivers' Full Name as it appears on license

NAME	Date of Birth	State & Driver's License Number	Date Employed

Description of Equipment – All vehicles do not have to carry same limit

	Trade Name	Year Built	Type	Radius	I.D. Number	Limit
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

Commodity	Percent of Total	Average Value	Maximum Value

Applicant signature

date

AGENCY NAME _____ PERSON REQUESTING QUOTE _____ AGENCY ADDRESS _____ PHONE NUMBER _____
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