

# Motor Truck Cargo

## Application Form

1) Applicant: \_\_\_\_\_ doing business as \_\_\_\_\_  
 Company: \_\_\_\_\_ When established \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ ICC Docket # \_\_\_\_\_  
 \_\_\_\_\_

2) Name & Address of Associated/Subsidiary Companies to be included \_\_\_\_\_  
 \_\_\_\_\_

3) Are Companies:  
 a) Common Carriers \_\_\_\_\_ d) Private Carrier \_\_\_\_\_  
 b) Contract Carriers \_\_\_\_\_ (if so attach copy of contract)  
 c) Owner of Cargo \_\_\_\_\_ e) Other(specify) \_\_\_\_\_

4) a) Do any of the companies to be insured perform any operation other than that of a carrier \_\_\_\_\_  
 \_\_\_\_\_  
 b) Does any of the above companies to be insured sub-contract to other parties \_\_\_\_\_  
 If yes, Long Term (30 days plus) or Short Term leases: \_\_\_\_\_  
 \_\_\_\_\_  
 c) Are sub-contractors insured for their cargo liability \_\_\_\_\_  
 If yes, please give details of steps taken to establish extent of cover provided and to ensure cover remains in force. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please attach details to any YES answers to the above.

5) Please provide the following information in respect of the past five years:

Year	Gross Receipts	Number of Loads	% Subcontracted
19			
20			
20			
20			
20			
Estimated for this year			

6) List by category and estimated percentages of total loads shipped as follows:

Type of Cargo	Maximum Value Per Load	Average Value Per Load	% of Total Number of Loads
Heavy Machinery			
Electrical Equipment			
Wearing Apparel			
Tobacco (Raw/Finished)			
Beer/Wine/Spirits			
Produce			
Chilled Food			
Frozen Food			
Others (Specify Below)			

7) Limits required USD \_\_\_\_\_ any one vehicle USD \_\_\_\_\_ any one loss

8) Are vehicles left loaded & unattended at any time  
 a) During the day ) If yes, give details of precautions  
 b) Overnight ) taken to secure vehicle & cargo

9) Give approximate  
 a) Less than 250 miles \_\_\_\_\_  
 b) Between 250-100 miles \_\_\_\_\_  
 c) Over 1000 miles \_\_\_\_\_

10) Do you carry any of the following: Accounts, bills, debts, evidence of debts, letters of credit, passport, documents, bullion, precious stones, jewelry & / or similar valluable articles, paintings, statuary or other works of art, live animals, tobacco, cigars, cigarettes, non-ferrous metals in scrap or ingot form, furs, garments, alcohol, beer, wine, radios,

11) a) No. of Plain Trucks \_\_\_\_\_ b) No. of Plain Trailers \_\_\_\_\_  
 c) No. of Reefer Trucks \_\_\_\_\_ d) No. of Reefer Trailers \_\_\_\_\_  
     No. of Reefer units more than 10 years old \_\_\_\_\_  
 e) No. of Tracotrs \_\_\_\_\_ f) No. of flat bed trailers \_\_\_\_\_

Total no. of vehicels  
 Split Owned Leased

Please attach a schedule of vehicles including V.I.N. numbers

12) Which of ICC or State(s)/Provinces Filings are required \_\_\_\_\_  
 \_\_\_\_\_

- 13) Loss experience whether insured or not on All Risks / Broad Form basis for 1st DOLLAR / WITH NO DEDUCTIBLE for past 5 years

Year	USD Total	Number of	Brief details of major losses

- 14) Are over, shortage and damage statistics maintained YES / NO \_\_\_\_\_  
If yes, give totals open and paid each of past 3 years

Year	Over		Shortage		Damage	
	Open	Paid	Open	Paid	Open	Paid

- 15) Give details of checking procedures \_\_\_\_\_  
maintained for employing new drivers \_\_\_\_\_

- 16) Has any insurer within the past 5 yers refused to renew or cancelled insurance to the Applicant \_\_\_\_\_  
If yes, give details \_\_\_\_\_

- 17) Previous Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Limits Carried \_\_\_\_\_ Present Rate \_\_\_\_\_  
Present Deductible \_\_\_\_\_

Declaration

This application shall not be binding on the Underwriters unless and until a contract of Insurance shall be issued and delivered in accordance hereith and then only as the commencement date of said insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters tht the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar and same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

Signed at \_\_\_\_\_

By \_\_\_\_\_  
(Applicant)

(Applicant should state official position)

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Agent)