



Commonwealth
Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
Fax: 888-359-6994
www.commund.com

Applicant Information

1. **Type of coverage required: Motor Truck Cargo?** Yes ☐ No ☐ **Automobile Physical Damage?** Yes ☐ No ☐

2. Applicant:

Doing business as:

Address:

Desired Effective Date:

Expiration Date:

ICC Docket Number: MC

Year established:

If a new venture complete the new
venture section of this form

3. Addresses of Terminals if other than above:

4. Percentage of hauls by distance: 1-50 miles [%] 51-200 [%] 201-500 [%]
501-1000 [%] 1000+ miles [%]

5. Cities hauled to:

6. Please give details of any steps taken to secure vehicles whenever left unoccupied:

7. Do you require cover for trailer interchange? Yes ☐ No ☐

If yes, please give details of number of trailer interchange days per year:

Trailer interchange limit required: \$ any one trailer \$ any one loss

Drivers and Driver Exclusions

8. Please give overall driver details as below:

Total number of drivers

Number of full-time employee drivers

Number of two person driver teams

Number of drivers on long term (30 days+) lease

9. Please give details of your driver hiring procedures/standards:

10. Attach a copy of all driver records (MVRs) to this application.

Please list below any drivers for which cover is required and attach details of their driving records (continue on an extra sheet if necessary):

Name	Date of Birth	License Number/State	# of Years Experience Driving Covered Equipment

Vehicles and Equipment

11. Please give details of the number of vehicles for which cover is required:

Tractor units		Reefer trailers	
Straight trucks		Auto carrying trailers	
Reefer trucks		Flat bed trailers	
Tank trucks		Tank trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

12. If a scheduled vehicle(s) **MTC** policy is required please complete columns A, B, C and D below for all power units to be covered **BUT** if an **APD** policy is required please complete all columns for all vehicles and equipment to be covered (attach a separate schedule if necessary):

Column	A	B	C	D	E	
MTC	Model Year	Make/Model	Type – power units only	V.I.N.	N/A	Garaging location
APD	Model Year	Make/Model	Type – all units	V.I.N.	Stated Amount	
1						
2						
3						
4						
5						
6						
7						
8						
9						

* Attach a schedule of vehicles to be covered if over 10 units (preferably in Excel).

Motor Truck Cargo (to be completed if Motor Truck Cargo coverage required)

19. Limits required:	a) \$	any one truck/trailer(s) combined	Deductible required: \$
	b) \$	any one loss (vehicle accumulation)	
	c) \$	any one terminal (off vehicles)	

20. Please give details of your cargo loss experience whether insured or not, for the past five (5) years.

Year	Carrier	Paid	Reserve	Description
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

21. Has any insurer within the past five (5) years refused to renew, or has canceled any insurance for the applicant?
Yes ☐ / No ☐ If yes, please give details:

22. Please give details of your existing cargo insurance:

Carrier		Existing deductible	\$
Renewal offered?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Existing limit	\$
Existing rate		Effective date	

Automobile Physical Damage (to be completed if Automobile Physical Damage coverage required)

23. Type of cargo carried:

24. Maximum Total Values Per Terminal \$

25. Deductible: Comprehensive per Vehicle \$ Specified Causes of Loss per Vehicle \$
Collision per Vehicle \$

26. Please list any Loss Payees or Lien Holders on your Vehicles/Equipment (attach a separate schedule if necessary):

27. Do you use hired in equipment? Yes ☐ / No ☐
Do you own all equipment to be covered under this policy? Yes ☐ / No ☐
If no, advise ownership

28. Do you own or use vehicles and/or equipment other than those listed? Yes ☐ / No ☐
If yes, please give details why coverage is not required:

29. At what periods are your vehicles and/or equipment regularly inspected and serviced:

30. Please give details of your APD loss experience whether insured or not, for the past five (5) years.

Year	Carrier	Paid	Reserve	Description
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

31. Has any insurer within the past five (5) years refused to renew, or has canceled any insurance for the applicant?

Yes ☐ / No ☐ If yes, please give details:

32. Please give details of your existing APD insurance:

Carrier		Existing deductible	\$
Renewal offered?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Existing limit	\$
Existing rate		Effective date	

New Venture (to be completed if in business less than one year)

33. Effective date of new venture:

Date of first CDL:

34. How long have you been driving tractor/trailer rigs?

35. Who did you previously drive for?

For how long?

36. What types of goods were you previously hauling?

37. What was/were your usual routes?

38. How many accidents or losses were you involved in during the past 5 years?

Describe the circumstances of the accidents or losses:

39. Will you be hauling for anyone in particular?

40. Who is financing the new venture?

41. Are you applying for FHWA (ICC) authority? Yes ☐ / No ☐ If yes, when?

42. Do you expect to increase the number of your vehicles within 1 year? Yes ☐ / No ☐

If yes, how many?

Declaration

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

I/We hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and believe and that I/we have not suppressed, withheld or modified any material fact(s). I/We agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters as soon as possible who may, at their discretion, vary the terms and conditions of the contract.

Signed

Dated

Position

Notes: