



Motor Truck Cargo Application

Scheduled Vehicle Policy

AGENCY INFORMATION

Agency Name: _____ Producer Code: _____
Address: _____
City: _____ State: _____ Zip: _____

APPLICANT INFORMATION

Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone Number: _____
Effective Date: _____ Expiration Date: _____
Action: ☐ Quote ☐ Issue Bound (date, time effective): _____
Years in business: _____ Do you currently write this account? ☐ Yes ☐ No
Present Carrier: _____ Premium/Rate: _____
Has cargo coverage been cancelled or non-renewed in the past 3 years? ☐ Yes ☐ No
Has applicant filed bankruptcy within the past 3 years? ☐ Yes ☐ No
Has applicant had authority under a different name in the past 3 years? ☐ Yes ☐ No
If yes: Name of prior authority: _____
DOT# of prior authority: _____

TYPE OF CARRIER

☐ Common Carrier ☐ Contract Carrier ☐ Freight Forwarder ☐ Freight Broker

FILINGS REQUIRED

☐ FMCSA / BMC 34 ☐ State(s): _____
Docket Number: _____ DOT Number: _____

TYPE OF OPERATION: (Check all that apply)

☐ Dry Van / Box ☐ Refrigerated Freight ☐ Household Goods
☐ Flat Bed ☐ Oversized / Overweight ☐ Double Trailers
☐ Automobile Hauler ☐ Containerized Freight ☐ Mobile Home Hauler

RADIUS OF OPERATIONS (average)

_____ % under 300 miles _____ % 301 to 500 miles _____ % 501 to 1,500 miles _____ % over 1,500 miles

TARGET CITIES: (check all that apply) (transported to / from more than 10 times / calendar year)

☐ Los Angeles, CA ☐ New York, NY ☐ Newark, NJ ☐ Miami, FL

LIMITS OF INSURANCE

\$ _____ on any one vehicle in transit \$ _____ increased limit for specific shipper
\$ _____ any one loss Shipper Name: _____

DEDUCTIBLE
☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ Other: _____
COMMODITIES HAULED

Commodity	Avg / Max Amount Per Load	%
	/	
	/	
	/	
	/	
	/	

OPTIONAL COVERAGES

- | | |
|--|--|
| <input type="checkbox"/> Spoilage / Freezing Coverage - \$ _____ Deductible | <input type="checkbox"/> Owners Goods Extension |
| <input type="checkbox"/> Debris Removal Limit Increased to \$10,000 | <input type="checkbox"/> Pollutant Clean Up (\$10,000 limit) |
| <input type="checkbox"/> Earned Freight Limit Increased to \$5,000 | <input type="checkbox"/> Livestock Downgrading Coverage |
| <input type="checkbox"/> Right & Duty to Defend (Defense Coverage) | <input type="checkbox"/> Filings Only (Self Insured for Cargo Liability) |
| <input type="checkbox"/> Specified Causes of Loss | |
| <input type="checkbox"/> Non Owned Trailer & Trailer Interchange \$ _____ limit any one trailer / container | |

TERMINALS (list terminal location(s) if coverage is desired)

Limit	Terminal Location Address	Construction
\$		
\$		
\$		

THEFT EXPOSURE

- Are vehicles ever left loaded and unattended? ☐ Yes ☐ No
 If yes, please describe: _____
- Does applicant ever leave loaded trailers detached from power units? ☐ Yes ☐ No
 If yes, please describe: _____
- What **security** is provided for **loaded vehicles**? (check all that apply)
- | | | | |
|----------------------|--|---|---|
| At locations: | <input type="checkbox"/> Fenced Lot | <input type="checkbox"/> Security Guards | <input type="checkbox"/> Cameras |
| | <input type="checkbox"/> Kingpin Locks | <input type="checkbox"/> Vehicle Theft Alarms | <input type="checkbox"/> In Locked Building |
| In transit: | <input type="checkbox"/> GPS Device | <input type="checkbox"/> Armed Guard in Vehicle | |
| | <input type="checkbox"/> Vehicle Theft Alarm | <input type="checkbox"/> Other: _____ | |

LOSS EXPERIENCE (past 3 years)
 Any losses within the past 3 years? ☐ Y ☐ N Hard Copy Loss Runs Attached? ☐ Y ☐ N

Policy Period	Amount Paid	# Claims	Cause(s) of Loss	Open Claim?
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N

Applicant's Drivers Guidelines (indicate each that apply)

☐ MVR's obtained on all drivers at least annually. ☐ Number of moving violations (max in 3 yrs) _____
☐ Minimum Years Experience _____ ☐ Minimum Age _____ years old ☐ Maximum Age _____ years old

Schedule of Drivers (complete below or attach a schedule)

Driver's Name	Date of Birth	Drivers License Number	Years of Experience	Employment Date	# viol's / accd's past 3 years

SAFETY & MAINTENANCE

Is there a formal **Safety Program** in place? ☐ Yes ☐ No

If yes, please describe:

Explain your **Maintenance Program**, (ie, frequency, performed by whom, etc.)

Schedule of Vehicles (complete below or attach a schedule)

Year	Make	Vin Number	Limit

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Applicant Signature, Date:

Producer Signature, Date:
