

COMMONWEALTH UNDERWRITERS LTD
Motor Truck Cargo Application

Agency Name: _____

Agency Address: _____

Producer Name: _____ **Phone:** _____ **email:** _____

1. Applicant: _____ Year established _____

Address _____

ICC Docket No. MC _____ Effective Date of Coverage Desired: _____

2. Names, addresses and functions of Associated or Subsidiary Companies to be included:

3. Are Companies: a) Common Carriers ☐ b) Private Carriers ☐ c) Contract Carriers ☐ d) Owner of cargo ☐ e) Other ☐ (Please give details at end of form)

If you contract on a released liability basis please attach a copy of a specimen waybill showing how much liability you accept. Also please give details of your additional valuation rates and the approximate annual level of additional valuation charges you receive.

4. a) Please give details of any operations carried out other than that of a carrier _____

b) Do you subcontract to other parties? _____ If so on long term (30 day+) leases or other basis? (give details) _____

c) Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to them? _____ If so, do you maintain copies of their current insurance arrangements on file?

5. Please give gross receipts in respect of your trucking operations for past 3 years:-

YEAR	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations

6. _____

7. Form of cover required: Broad Form ☐ incl Reefer Breakdown ☐ Named Peril Form ☐

8. List by category and percentage of the total loads shipped:

Type of cargo	Ave. Value per load	Max. Value per load	% of total loads

9. Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles _____? or off vehicles _____?

If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced yard locked at night?	24 hour watchman?	Alarmed Building?	Sprinklered Building?	Max. value exposed?

10. Limits required: a) \$ _____ per vehicle
b) \$ _____ per catastrophe

Do you ever carry loads valued greater than the cargo insurance limit requested? Yes ☐ No ☐

11. Give details of any steps taken to secure vehicles whenever left unoccupied. _____

12. Percentage of hauls by distance: 1-250 miles [] 251-1000 miles [] 1001+ miles []

13. Please give details of the number of vehicles for which cargo cover is required:			
Tractor Units		Reefer Trailers 10 yrs old or less	
Straight trucks		Reefer Trailers more than 10 yrs old	
Reefer trucks		Flat bed trailers	
Tank trucks		Tank trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

14. Please list year, make and VIN for each power unit			
1			
2			
3			
4			
5			

15. Drivers				
Driver Name	Date of birth	License No. and State	Yrs experience	Date of Hire

16. Please give details of checking procedures maintained for employing new drivers: _____

17. What are grounds for firing a driver?

18. Please give details of cargo losses whether insured or not, for the past 3 years			
Year	Paid	Outstanding	What happened?

19. Has any insurer within the past 3 years refused to renew, or canceled insurance to the applicant?: _____ If so please give details:

20. Please give details of your existing cargo insurance:			
Carrier		Existing deductible	
Renewal offered?		Existing limit	
Existing premium		Expiry date	

21. I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. 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 who may at their discretion, vary the terms and conditions of the contract.
Signed _____ Dated _____

Continued from question : _____

COMMONWEALTH UNDERWRITERS, LTD.
FILINGS INFORMATION

Please fill out completely and accurately.

Name as it appears on ICC and/or State Authority:

Address as it appears on ICC Authority: _____

Telephone No.: (____) _____

Social Security No.: _____ FEIN: _____

Intrastate Filing: State _____ Liability ☐ Cargo ☐

Please list all Intrastate authority numbers to ensure timely and accurate electronic filing:

Interstate Filing: Liability ☐ Cargo ☐

ICC (MC) #: _____ Base State: _____

The following states do not participate in the single state registration system. Please check the states that you are filed in/operating in so that a separate filing can be made:

AK ☐ AZ ☐ DE ☐ FL ☐ MD ☐ NJ ☐

NV ☐ OR ☐ PA ☐ VT ☐ WY ☐

PUC Filing: States(s) _____ Docket No(s): _____

OS/OW (oversize/overweight) Filing: State(s) _____

Unit description and serial number _____

Canadian Province(s): _____

If UIIE Endorsement required, please include a letter signed by the insured advising the need for \$1,000,000 limits and confirming no hazmat hauled.