



Motor Truck Cargo Application  
 Scheduled Vehicle Policy  
 v8.13PAQ

**Agency Information**

Agency Name \_\_\_\_\_ Producer Code \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Applicant Information**

Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Years In Business \_\_\_\_\_ DOT # \_\_\_\_\_ State Authority # \_\_\_\_\_  
 (under current authority)  
 Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Action	<input type="checkbox"/> Quote	<input type="checkbox"/> Issue	Does agent currently write this account?	<b>Yes</b>	<b>No</b>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Operation - (Check all that apply)**

<input type="checkbox"/> Dry Van / Box	<input type="checkbox"/> Refrigerated Freight	<input type="checkbox"/> Household Goods
<input type="checkbox"/> Flat Bed	<input type="checkbox"/> Oversized / Overweight	<input type="checkbox"/> Double Trailers
<input type="checkbox"/> Automobile Hauler	<input type="checkbox"/> Containerized Freight	<input type="checkbox"/> Mobile Home Hauler

**Type of Carrier**

Common Carrier     Contract Carrier     Freight Forwarder     Freight Broker

**Filings Required**

FMCSA / BMC 34     State(s) \_\_\_\_\_

**Radius of Operations**

\_\_\_\_\_ % under 300 miles    \_\_\_\_\_ % 301 to 500 miles    \_\_\_\_\_ % 501 to 1,500 miles    \_\_\_\_\_ % over 1,500 miles

**Target Cities (check all that apply)**

(based or transported to or from more than 10 times / calendar year)

Los Angeles, CA     New York, NY     Newark, NJ     Miami, FL     Chicago, IL

**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 \_\_\_\_\_

**Optional Coverages**

- Spoilage / Freezing Coverage \$ \_\_\_\_\_ Deductible - (Provide Reefer Trailers / Equipment Below)
- MTC Additional Coverages Plus Endorsement                       Livestock Downgrading Coverage
- Pollutant Clean Up (\$10,000 limit)                                       Specified Causes of Loss
- Owners Goods Extension
- Non Owned Trailer / Container Coverage \$ \_\_\_\_\_ limit any one trailer / container

**Terminals** (list terminal location(s) if coverage is desired)

Limit	Terminal Location Address	Construction
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

**Theft Exposure**

	Yes	No
Are vehicles EVER left Loaded and Unattended? <b>If yes</b> , please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant EVER leave Loaded Trailers Detached from power units? <b>If yes</b> , please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
What security is provided for loaded vehicles? (check all that apply)		
<b>At locations</b>	<input type="checkbox"/> Fenced Lot	<input type="checkbox"/> Security Guards
	<input type="checkbox"/> Kingpin Locks	<input type="checkbox"/> Vehicle Theft Alarms
		<input type="checkbox"/> Cameras
		<input type="checkbox"/> In Locked Building
<b>In transit</b>	<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)

	Yes	No
Any losses within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No    Hard Copy Loss Runs Attached?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Open Claim?</b>	
	<b>Yes</b>	<b>No</b>
<b>Policy Period</b>		
Amount Paid		
# Claims		
Cause(s) of Loss		
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Applicant's Driver 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 \_\_\_\_\_     Maximum Age \_\_\_\_\_

**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**

	Yes	No
Is there a formal Safety Program in place?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe _____		
Explain your Maintenance Program, (ie, frequency, performed by whom, etc.) _____		

**Schedule of Power Units** *(complete below or attach a schedule)*

Year	Make	VIN	Limit

**Schedule of Refrigerated Trailers** *(complete below or attach a schedule)*

Year	Make	VIN	Limit

**Commodities Hauled**

Commodity % of Total	Commodity	Commodity
Air Conditioning equipment _____ %	Electrical Equipment _____ %	Oversized or Overweight _____ %
Air Freight _____ %	Electrical Supplies _____ %	Paper & Paper Products _____ %
Aircraft Engines _____ %	Farm machinery _____ %	Perfume _____ %
Aircraft Parts (not engines) _____ %	Feed _____ %	Petroleum Products _____ %
Appliances (Major) _____ %	Fertilizer (Bagged) _____ %	Pharmaceuticals - (over the counter) _____ %
Appliances (Small) _____ %	(In Bulk) _____ %	Pharmaceuticals - (prescriptions) _____ %
Auto accessories/parts (not tires) _____ %	Fiber Optic cable _____ %	Photographic/Sound/Video(equipment) _____ %
Automobiles _____ %	Fine Arts* _____ %	(CDs, DVDs, Film Tapes) _____ %
Asphalt _____ %	Firearms _____ %	Pianos _____ %
Baked Goods _____ %	Flour _____ %	Pine Needles _____ %
Batteries _____ %	Flowers (cut) _____ %	Plants, Shrubs & Trees _____ %
Beverages - Beer _____ %	Food (Frozen/not seafood) _____ %	(not temp controlled) _____ %
- Liquor _____ %	Furniture (new) _____ %	(temp controlled) _____ %
- Soft Drinks _____ %	Garden Ties _____ %	Plastic Products _____ %
- Wine _____ %	Golf Carts _____ %	Plumbing Supplies _____ %
Blood/tissue/organs _____ %	General Dry Freight (mixed loads) _____ %	Poultry (not live) _____ %
Boats _____ %	Grain _____ %	Precious metals & Alloys* _____ %
Bottles - Glass _____ %	Gravel & Rock _____ %	Printed Materials _____ %
Bottles - Plastic _____ %	Groceries _____ %	Produce (vegetables etc.) _____ %
Building Materials _____ %	Hay _____ %	Railroad Ties _____ %
Bullion* _____ %	Hardware _____ %	Recreational Vehicles _____ %
Butter _____ %	Household Goods & Office Furniture _____ %	Red Label Placard shipments (other _____ %
Candy _____ %	Ice Cream _____ %	than petroleum, fertilizer & asphalt) _____ %
Canned Goods _____ %	Iron (raw or coils) _____ %	Rigging (property requiring) _____ %
Carpet (not oriental) _____ %	Jewelry & Jewels* _____ %	Rubber products (not tires) _____ %
Oriental Rugs _____ %	Livestock (up to 300 Miles) _____ %	Salt (in bulk) _____ %
Caskets _____ %	Livestock (300+ Miles) _____ %	Sand (in bulk) _____ %
Cement _____ %	Logs _____ %	Seafood (fresh) _____ %
Cheese _____ %	Lumber _____ %	Seafood (frozen) _____ %
Chemicals _____ %	Machinery (heavy or precision) _____ %	Securities & Checks* _____ %
China/glassware/pottery _____ %	Machinery (light & non-precision) _____ %	Spas/Hot Tubs _____ %
Cigarettes/Cigars & tobacco products _____ %	Medical Equipment/MRI Units _____ %	Sporting Goods _____ %
Clothing & shoes (not listed below) _____ %	Meat (boxed) _____ %	Stationary _____ %
- Athletic _____ %	Meat (swinging) _____ %	Steel (Raw or Coils) _____ %
- Blue Jeans _____ %	Memorabilia/Collectibles _____ %	Stone Products (marble, etc.) _____ %
- Furs* _____ %	Metals (non-ferrous) _____ %	Swimming Pools _____ %
- Designer _____ %	Metal Products (Finished) _____ %	Tar _____ %
- Tee Shirts _____ %	Milk _____ %	Textiles _____ %
Coal _____ %	Mobile Homes _____ %	Tires _____ %
Construction Equipment _____ %	Motorcycles _____ %	Tobacco (Raw/unprocessed) _____ %
Containerized Freight (up to 300 miles) _____ %	Money* _____ %	Tools _____ %
Containerized Freight (300+ miles) _____ %	Mulch _____ %	Top Soil & Fill _____ %
Cosmetics _____ %	Musical instruments (other than pianos) _____ %	Toys & Crafts _____ %
Cotton _____ %	Office Products _____ %	Transformers & Turbines _____ %
Department Store Mdse. _____ %	Ore _____ %	Wire (not fiber optic) _____ %
Eggs _____ %	Other _____ %	Wood Products (other than furniture & caskets) _____ %

**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** \_\_\_\_\_

**Agent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_