



## Motor Truck Cargo Application

### **Applicant's information:**

Named Insured Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Legal Entity \_\_\_\_\_

What is insured hauling \_\_\_\_\_

Number of years the insured has been in business? \_\_\_\_\_

Has the insured ever filed for bankruptcy? \_\_\_\_ Yes \_\_\_\_ NO

Has the Motor Truck Cargo Carrier submitted financial information to the Central Analysis Bureau (CAB)? \_\_\_\_\_

Most recent CAB filing year? \_\_\_\_\_

Most recent CAB Rating? \_\_\_\_\_

### **Past Insurance & Loss Experience:**

Current Insurance Provider? \_\_\_\_\_

Has the insured's coverage ever been declined, canceled or non-renewed? \_\_\_\_\_

Has the insured had any losses in the past 3 years? \_\_\_\_\_

In any **one** of the past 3 years...

Highest number of paid losses \_\_\_\_\_

Largest paid loss \$ \_\_\_\_\_

### **Terminals:**

Does the insured own, lease or operate terminals? \_\_\_\_\_

How many of these terminals will be included under this policy? \_\_\_\_

### **Fleet Information:**

Number of power units? (include all owned, leased or owner operated units for this coverage) \_\_\_\_\_

Number of trailers (include all owned, leased or owner operated units for this coverage) \_\_\_\_\_

Number of box trucks and trailers with refrigeration or heating unit \_\_\_\_\_

Are refrigeration and heating units (box trucks and trailers) inspected and serviced as per manufacturer Maintenance requirements? \_\_\_\_\_

### **Operations:**

Insured's radius of operation? (enter a percentage value in box total must equal 100%)

1 to 100 miles \_\_\_\_\_%

101 to 500 miles \_\_\_\_\_%

Over 500 miles \_\_\_\_\_%

### **Proposed Policy Period:**

Proposed Policy Effective Date \_\_/\_\_/\_\_\_\_

**Limits:**

Per Vehicle/Conveyance Limit \$ \_\_\_\_\_  
Maximum Limit for this coverage: \$ \_\_\_\_\_  
Average value hauled per vehicle \$ \_\_\_\_\_

**Deductible:**

Policy Deductible? \$ \_\_\_\_\_

**Terrorism:**

Terrorism Coverage: Accept \_\_\_ Reject \_\_\_ Excluding coverage requires a completed **TRIA Opt-Out form.**

**Gross Annual Receipts:**

Estimated gross annual receipts for new policy term \$ \_\_\_\_\_  
Gross Annual Receipts for the past three years \$ \_\_\_\_\_  
Percent of Gross Receipts generated from brokering loads to other carriers? \_\_\_\_\_ %  
Which would the insured like to report on? \_\_\_ Gross Annual Receipts or \_\_\_ Number of Power Units

**Vehicles:**

Are vehicles left loaded overnight? \_\_\_\_\_

Overnight, the vehicle is (check the following if applicable)

- \_\_\_ occupied by the driver
- \_\_\_ locked and alarmed
- \_\_\_ in a fenced and secured area with controlled access and attendant

The Motor Truck Cargo Carrier conducts vehicle maintenance per manufacturer's recommendations  
\_\_\_ yes \_\_\_ No.

**The Motor Truck Cargo Carrier:**

- \_\_\_ Equips all power units with GPS, Radio frequency or other tracking devices
- \_\_\_ Conducts pre and post trip inspections

**Drivers:**

In the last 36 months do any of the drivers have? (check the following if applicable).

- \_\_\_ Alcohol or drug related convictions
- \_\_\_ DUI or reckless driving
- \_\_\_ Revoked or suspended license
- \_\_\_ More than 4 moving violations

Does the insured require Commercial Drivers Licenses (CDL)? \_\_\_\_\_

Does the insured haul interstate or placarded commodities? \_\_\_\_\_

Do any of the insured vehicles weigh over 26,000 pounds gross vehicle weight? \_\_\_\_\_

Does the insured tow trailers over 10,000 pounds gross vehicle weight? \_\_\_\_\_

Are 90% or more of drivers 25 years of age or older? \_\_\_\_\_

**The Motor Truck Cargo Carrier:** (check the following if applicable)

- \_\_\_ Has a drug and alcohol policy
- \_\_\_ Conducts random drug and alcohol testing
- \_\_\_ Has a safe driving incentive program related to cargo loads
- \_\_\_ Holds drivers accountable for preventable accidents