



### MOTOR TRUCK CARGO APPLICATION

1. First Named Insured \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
Street City County State ZIP Code

3. Effective Date Desired \_\_\_\_\_ Term Desired \_\_\_\_\_

4. **PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.  
 Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  
 No    Yes - If so, give name of company, date, and reason.

5. Principal Garaging Address \_\_\_\_\_

6.  Named Causes of Loss       Named Causes of Loss Including Theft       Special Form

7. Deductible:  \$250    \$500    \$1,000    Other \_\_\_\_\_

8. Limits of Liability Desired:

\$ \_\_\_\_\_ on any one cargo carrying-vehicle or any combination thereof operating in tandem.

Catastrophe Limit: \$ \_\_\_\_\_ any one loss, disaster, or casualty, whether loaded or unloaded.

9. Owners Interest or Legal Liability Coverage?    Yes    No

10. Commodities Transported and Percentage of Receipts from each \_\_\_\_\_

11. Radius:    Local (0 - 300)       Long Haul (Over 300) (If Long Haul, radius in miles) \_\_\_\_\_

12. FILING INFORMATION

Do you have Interstate Commerce Commission Authority?    Yes    No

If yes, Docket Number \_\_\_\_\_

Are State Filings required?    Yes    No    If yes, list all states where filings are needed \_\_\_\_\_

\_\_\_\_\_

13. Metropolitan cities which Insured will travel through \_\_\_\_\_

\_\_\_\_\_

### SCHEDULE OF EQUIPMENT

(If more than 5 units, attach additional schedule of equipment)

14. Unit No.	Model Year	Trade Name	Type	Serial No.	Limit of Liability
1					
2					
3					
4					
5					

15. Number of Power Units \_\_\_\_\_ Number of Trailers \_\_\_\_\_

### DRIVER INFORMATION

16.	Driver's Full Name	Date of Birth	License # / State Lic.	No. Yrs. Comm'l Driving	No. Yrs. Empl. By Applicant	No. of Accidents Last 3 Yrs.	No. of Violations Last 3 Yrs.

### EQUIPMENT PROTECTION

- 17. Are vehicles equipped with automatic alarms?     Yes    No
- 18. Do vehicles carry fire extinguishers?            Yes    No
- 19. Number of operators and helpers per truck \_\_\_\_\_ Are they bonded?     Yes    No
- 20. Are trucks ever left unattended while loaded?    Yes    No      If yes, explain. \_\_\_\_\_

### IMPORTANT NOTICE

#### DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

\_\_\_\_\_

Signature of Applicant

Title

Date

\_\_\_\_\_

Signature of Producing Agent

Date

\_\_\_\_\_

Agent Name and Address