

MOTOR TRUCK CARGO APPLICATION

Applicant's Name:				Broker:		Broke	Broker Code:		
Applicant's Address:				How Long in Business:					
Policy Period: to (12:01 AM)				Annual Revenue: \$					
Description of bu									
Common Carrier:				Private/ Contract Carrier:					
Is the applicant hauling own goods?				Goods of others?					
Does the applicant use sub-contractors? Yes				No					
Are sub-contractors required to show proof of insurance? Yes No									
Commodities hauled: USA:					Radius:				
Maximum value per load:				Average per load:					
Is there a Bill of Landing, and with whom?									
Have all drivers' history and accident records been checked? Yes No									
Limit required \$				Deductible 5%/ 1000 min.					
Type of coverage: All Risk Mamed Perils									
List of powered units:									
Year	Trade Name		Body	Body		S/N			
	1								
	 .								
Loss and Policy History Have there been any <i>losses</i> or <i>claims</i> by the applicant in the past 5 years? If yes, complete below: Yes, No									
Have there been a	ny <i>iosses</i> or <i>ciaims</i> b	y the app	licant in t	ne past 5 yea	ars? If yes		w: Yes,	∐ No	
Date of Loss	Location #	Cause		Paid Amo	ount	Insurance Company	l Policy#		
						company			
-									
Previous Insurer:				Policy #:					
Has any insurer cancelled, declined or refused to renew Com					ommercial Insurance in the past 5 years? Yes, No				
Supporting Business: Policy #:				Company:					
Applicant's Signature:				Date:					