



**Marine**

# Motor Truck Cargo Application

Name of Applicant (Include all Operating Names & Subsidiaries): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Length of Time Applicant has been in Business: \_\_\_\_\_

Name of Current Insurer: \_\_\_\_\_

Number of years with Insurer: ( \_\_\_\_ ) years

Has Insurance ever been cancelled or declined?     Yes     No

If yes, please specify: \_\_\_\_\_

List all Claims whether Insured or not which the Applicant has incurred over the past 5 years.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Has Applicant ever filed for bankruptcy or reorganization?     Yes     No

List Gross Revenue for the past 5 years:

1999            - \$ \_\_\_\_\_

200\_\_           - \$ \_\_\_\_\_

200\_\_           - \$ \_\_\_\_\_

200\_\_           - \$ \_\_\_\_\_

200\_\_           - \$ \_\_\_\_\_

Estimated Gross Revenue for the upcoming year: 200\_\_    ( \$ \_\_\_\_\_ )

**Carrier Information:**

Private – Not for Hire     Contract     Agent     Broker

**What Type of Bill of Lading is issued?:**

Release Bill       Straight Bill       Valued Bill

Are the Trucks left unattended?  Yes  No

Are all Drivers regular employees of the Insured?  Yes  No

Number of Drivers Employed: ( \_\_\_\_\_ )      Average length of service for all Drivers: ( \_\_\_\_\_ ) years

Full Time:       Part Time:       Leased:       Owned:

Number of Drivers under Age 25: ( \_\_\_\_\_ )

Are MVR's ordered on Drivers?     Yes     No    If yes, how often? \_\_\_\_\_

List any Drivers with DUI, DWI, Reckless Driving, more than 2 speeding tickets within the last 3 years

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Is the Driver required to be present while loading?     Yes     No

**Radius of Operations:**

Less than 250 Miles: \_\_\_\_\_ %    251 – 500 Miles: \_\_\_\_\_ %    501 – 750 Miles: \_\_\_\_\_ %

751 – 1000 Miles: \_\_\_\_\_ %    Over 1000 Miles: \_\_\_\_\_ %    Other: \_\_\_\_\_

**List all States in which vehicles are operated:**

\_\_\_\_\_  
\_\_\_\_\_

Are Filings required?     Yes     No

If yes, please advise where required:

\_\_\_\_\_

If an I.C.C. Filing is required, lease advise

\_\_\_\_\_

Docket Number: \_\_\_\_\_

**Equipment: Schedule of Equipment attached as follows:**

Type	Owned	Owner/Operator	Leased without Operator	Trade
Tractor	_____	_____	_____	_____
Trailers	_____	_____	_____	_____
Straight Trucks Refrigerated Trucks	_____	_____	_____	_____
Tankers	_____	_____	_____	_____
Vans	_____	_____	_____	_____
Pick-Ups	_____	_____	_____	_____
Other (describe)	_____	_____	_____	_____

Is Non-owned Trailers coverage required?  Yes  No

Limit per Trailer: \$ \_\_\_\_\_

**List specific commodities hauled as follows:**

Commodity	% of Total Hauls	Average Load Value	Maximum Load Values
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is terminal coverage required?  Yes  No

If yes, list locations, average/maximum value including loaded vehicles, limit of liability required

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Does Applicant have a published Loss Control Program?  Yes  No

If yes, please describe:

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Does Applicant employ a full-time Loss Control Manager?  Yes  No

Does Applicant have a No Loss Bonus Program?  Yes  No

Does Applicant have an Equipment Maintenance and Inspection Program?  Yes  No

Please describe Refrigeration Equipment Maintenance Program – If applicable

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*This form must be completed by the applicant.*

**Applicant:**

Sign: \_\_\_\_\_ Print: \_\_\_\_\_  
*Name / Position or Title*

**Broker:**

Office: \_\_\_\_\_ Date: \_\_\_\_\_

