

Motor Truck Cargo Legal Liability Insurance Application

APPLICANT INFORMATION			
Name of Applicant:			
Address:			
City:	State:	ZIP:	
Years in business:	Number of employees:		
Website Address:			
Inspection Contact (name, telephone number):			
List all Additional Interests:			
Name of Producer:			
Address:			
City:	State:	ZIP:	
Applicant is: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Hauling Own Goods			

POLICY TERM	
From:	To:

OPERATIONS DETAIL					
Describe your operations:					
Radius of Operations:					
0-100 Miles -	%	100-250 Miles -	%	250-500 Miles -	%
500 + Miles -					%
List all states you Travel to:					

REQUESTED COVERAGES	
What Deductible do you require:	\$
What Per Vehicle Limit of Insurance do you require:	\$
What Per Occurrence Limit of Insurance do you require:	\$
What Refrigeration Breakdown Per Vehicle Limit of Insurance do you require:	\$
What Refrigeration Breakdown Deductible do you require:	\$
What Trailer Interchange Limit of Insurance do you require:	\$

TERMINAL COVERAGE

 Terminal Coverage Requested Yes No

If Yes Locations to be Insured:

<i>Loc</i>	<i>Address</i>	<i>Limit</i>
1		\$
2		\$
3		\$
4		\$
5		\$

TERMINAL LOCATION DETAIL

<i>Loc</i>	<i>Construction Type</i>	<i>Year Built</i>	<i>Square Footage</i>	<i>Sprinklered</i>	<i>Security Details</i>
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

HISTORICAL EXPOSURE DATA – RECEIPTS & MILEAGE

Provide the annual gross receipts and mileage for the current and prior two (2) terms, as well as the estimated gross receipts for the next twelve (12) months:

	<i>Gross Receipts</i>	<i>Mileage</i>
Estimate Next 12 Months	\$	
Current Year	\$	
Prior Year	\$	
Two Years Prior	\$	

HISTORICAL EXPOSURE DATA – POWER UNITS

Provide the number of power units for the current and prior two (2) terms, as well as the estimated gross receipts for the next twelve (12) months:

	<i>Power Units Owned</i>	<i>Power Units Leased</i>
Estimate Next 12 Months		
Current Year		
Prior Year		
Two Years Prior		

COMMODITY DETAIL			
Do you carry any of the following commodities :		List all other commodities you carry:	
Commodity	%	Commodity	%
Alcoholic Beverages			
Tires			
Electronics (ex. TV's and Cell Phones)			
Explosives			
Seafood			
Pharmaceuticals			
Automobiles / Boats			
Mobile Homes			
Tobacco			
Liquor			

SAFETY & MAINTENANCE	
Full time Safety Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scheduled formal safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often are MVR's reviewed?	
Vehicle Maintenance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please describe:	
Are filings required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR CARRIER INFORMATION			
Year	Carrier	Premium	Losses
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Is Your Incumbent Insurance Carrier Offering a Renewal Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No please explain why:			

REQUIRED DOCUMENTS
<input type="checkbox"/> Vehicle Schedule (Tractors and Trailers)
<input type="checkbox"/> Driver Schedule
<input type="checkbox"/> Currently Valued 3-5 Year Loss Runs



25 Broadway, New York, NY 10004 | 929-388-5105

DECLARATIONS

The undersigned declares that the statements set forth herein are true and that the undersigned has not suppressed or misstated any material facts. The undersigned agrees that this application, together with any other information supplied, shall form the basis of any contract effected thereon. The undersigned must inform the Insurers of any material changes to the information supplied by this application occurring before the completion of the contract of insurance.

Signature: _____

Date: _____

Title: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.



25 Broadway, New York, NY 10004 | 929-388-5105

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO SOUTH CAROLINA APPLICANTS: The Insurer can cancel this Policy for which you are applying without cause during the first 120 days. That is the Insurers choice. After the first 120 days, the Insurer can only cancel this Policy for reasons stated in the Policy.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

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