



### 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)

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**

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 provided.

\_\_\_\_\_  
Signature of Applicant Title Date

\_\_\_\_\_  
Signature of Producing Agent Date

\_\_\_\_\_  
Agent Name and Address