American Team Managers Insurance Services

Motor Truck Cargo Application

Agency Information	
Agency Name	
Producer	
Email	

GENERAL INFORMATION

Effective Date: / /	Years in Trucking Industry:	Years in Business:

Name:

DBA:

Does named insured include DBA? □ Yes □ No

□ Individual   □ Corporation   □ Partnership   □ LLC   □ Other:

FEIN or SS #	US DOT #	ICC # MC # or MX #

Mailing Address	City	State	Zip

Garaging Address	City	State	Zip

Is the garaging location Residential? If so, please describe where vehicle is parked and security measures.

Contact Person Name	E-mail address
Business Phone	Mobile Phone

LIMITS OF INSURANCE

Any one unit		Deductible	
Any one loss			
Increased limit for specific shipper			
Shipper name			
Refrigeration Break Down	□ Yes □ No	Deductible	

DESCRIPTION OF OPERATIONS

Type of Operation	□ For Hire □ Private □ Non-Trucking □ Other:
Range of Transport	□ Interstate □ Intrastate

Radius	Percent of Loads	Radius	Percent of Loads
0 – 100 mi		501 – 750 mi	
100 – 300 mi		750+ mi	
301 – 500 mi		Average Radius:	

Target Cities: (check all that apply that you are located within 50 miles or travel through:

Los Angeles, CA	New York, NY	Newark, NJ	Miami, FL
Chicago, IL			

Please List Operation States and Percentage of Miles in Below

State	Percentage	State	Percentage	State	Percentage

COMMODITIES – Please identify the commodities transported and percentages below

Commodity	Average Amount per Load	Maximum Amount per Load	Percentage

A theft Limitation may apply based on the commodities transported

SCHEDULE OF AUTOS and REFRIGERATED TRAILERS

Year	Make	Type*	VIN Number	GVW/GCW	Stated Value	O/L**

Trailer Types (Check those that are applicable)

Auto Hauler		Dump-Bottom		Pneumatic	
Customized		Dump-End		Refrigerated	
Dry Bulk		Dump-Side		Tanker	
Dry Van		Flatbed		Other: Describe	
		Low Boy		Other: Describe	

Terminals (List terminal location(s) if coverage is desired

Address	Security	Maximum Values Exposed

DRIVER INFORMATION

	Driver Name	Date of Birth	License #	State	Yrs of Class A Experience	Yrs with Company	Type of Employee*
1							□ I □ E □ O
2							□ I □ E □ O
3							□ I □ E □ O
4							□ I □ E □ O
5							□ I □ E □ O

* I: Named Insured / E: Employee / O: Owner

INSURANCE HISTORY & LOSS EXPERIENCE

Company	Policy Term	# of Power Unit	Premium	Incurred Claims	# of Claims

NOTE: Please include if there was any lapse in coverage period.

1. Are vehicles Ever left Loaded and Unattended? □ Yes □ NO
2. Does application Ever leave Loaded Trailers Detached? □ Yes □ NO
3. What Security is provided for loaded vehicles at locations? (Check all that apply)
   □ Fenced Lot   □ Security Cameras   □ Cameras
   □ Kingpin Locks   □ Vehicle Theft Alarms   □ In Locked Building
4. What Security is provided for loaded vehicles in transit? (Check all that apply)
   □ GPS Device   □ Armed Guard in Vehicle
   □ Vehicle Theft Alarm   □ Other_____
5. Do you hire other motor carriers or owner-operators to haul for you? □ Yes □ NO
   Are these scheduled? □ Yes □ NO
6. Do you pull double trailers? □ Yes □ NO
7. Do you pull triple trailers? □ Yes □ NO
8. Do you haul oversize or overweight loads? □ Yes □ NO
9. Do you haul commodities that are subject to tight delivery time constraints? □ Yes □ NO
10. Is the insured involved in any business activity other than trucking? □ Yes □ NO
11. Is the insured involved in any business activity other than trucking? □ Yes □ NO
12. Do you act as a freight-broker or freight-forwarder or arrange loads for others? □ Yes □ NO
13. Have you or any business you owned ever filed for bankruptcy? □ Yes □ NO
14. Any policy or coverage declined, cancelled, non-renewed during the prior 3 years? □ Yes □ NO
15. Do you lease your vehicles to others? □ Yes □ NO
    If yes, who must provide primary cargo coverage? □ You □ Lesse
16. Do you have a vehicle maintenance program in place? □ Yes □ NO
17. Do you anticipate traveling to Canada during the policy term? □ Yes □ NO
18. Do you anticipate traveling to Mexico during the policy term? □ Yes □ NO

Please provide loss descriptions and additional explanation for any answers needed.

Insured Signature: _____   Agent Signature:_____

Date: _____   Date: _____