



National Cargo - Motor Truck Cargo Application
 Scheduled Vehicle Policy
 v8.13PAQ

Agency Information

Agency Name _____ Producer Code _____
 Address _____
 City _____ State _____ Zip _____

Applicant Information

Applicant _____
 Address _____
 City _____ State _____ Zip _____
 Contact Name _____ Phone Number _____
 Years In Business _____ DOT # _____ State Authority # _____
(under current authority)
 Effective Date _____ Expiration Date _____

Action	<input type="checkbox"/> Quote	<input type="checkbox"/> Issue	Does agent currently write this account?	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>

Present Carrier _____ Premium/Rate _____
 Has cargo coverage been cancelled or non-renewed in the past 3 years? Yes No
 Has applicant filed bankruptcy within the past 3 years? Yes No
 Has applicant had authority under a different name in the past 3 years? Yes No
If yes Name of prior authority _____
 DOT# of prior authority _____

Type of Operation - (Check all that apply)

<input type="checkbox"/> Dry Van / Box	<input type="checkbox"/> Refrigerated Freight	<input type="checkbox"/> Household Goods
<input type="checkbox"/> Flat Bed	<input type="checkbox"/> Oversized / Overweight	<input type="checkbox"/> Double Trailers
<input type="checkbox"/> Automobile Hauler	<input type="checkbox"/> Containerized Freight	<input type="checkbox"/> Mobile Home Hauler

Type of Carrier

Common Carrier Contract Carrier Freight Forwarder Freight Broker

Filings Required

FMCSA / BMC 34 State(s) _____

Radius of Operations

_____ % under 300 miles _____ % 301 to 500 miles _____ % 501 to 1,500 miles _____ % over 1,500 miles

Target Cities (check all that apply)

(based or transported to or from-more than 10 times / calendar year)

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

Limits of Insurance

\$ _____ on any one vehicle in transit \$ _____ increased limit for specific shipper
 \$ _____ any one loss Shipper Name _____

Deductible

\$1,000 \$2,500 \$5,000 Other _____

Commodities Hauled

Commodity	Avg / Max Amount Per Load	Percentage
	/	
	/	
	/	
	/	
	/	

Optional Coverages

- Spoilage / Freezing Coverage \$ _____ Deductible - (Provide Reefer Trailers / Equipment Below)
- MTC Additional Coverages Plus Endorsement Livestock Downgrading Coverage
- Pollutant Clean Up (\$10,000 limit) Specified Causes of Loss
- Owners Goods Extension
- Non Owned Trailer / Container Coverage \$ _____ limit any one trailer / container

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

Limit	Terminal Location Address	Construction
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Theft Exposure

	Yes	No
Are vehicles EVER left Loaded and Unattended? If yes , please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant EVER leave Loaded Trailers Detached from power units? If yes , please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
What security is provided for loaded vehicles? (check all that apply)		
At locations	<input type="checkbox"/> Fenced Lot	<input type="checkbox"/> Security Guards <input type="checkbox"/> Cameras
	<input type="checkbox"/> Kingpin Locks	<input type="checkbox"/> Vehicle Theft Alarms <input type="checkbox"/> In Locked Building
In transit	<input type="checkbox"/> GPS Device	<input type="checkbox"/> Armed Guard in Vehicle
	<input type="checkbox"/> Vehicle Theft Alarm	<input type="checkbox"/> Other _____

Loss Experience (past 3 years)

				Yes	No
Any losses within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Hard Copy Loss Runs Attached?				<input type="checkbox"/>	<input type="checkbox"/>
Policy Period	Amount Paid	# Claims	Cause(s) of Loss	Open Claim?	
				Yes	No
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Driver Guidelines (indicate each that apply)

- MVR's obtained on all drivers at least annually. Number of moving violations (max in 3 yrs)
- Minimum Years Experience _____ Minimum Age _____ Maximum Age _____

Schedule of Drivers *(complete below or attach a schedule)*

Driver's Name	Date of Birth	Drivers License Number	Years of Experience	Employment Date	# viol's / accd's past 3 years

Safety & Maintenance

	Yes	No
Is there a formal Safety Program in place?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe _____		
Explain your Maintenance Program, <i>(ie, frequency, performed by whom, etc.)</i> _____		

Schedule of Power Units *(complete below or attach a schedule)*

Year	Make	VIN	Limit

Schedule of Refrigerated Trailers *(complete below or attach a schedule)*

Year	Make	VIN	Limit

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 act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Applicant Signature _____ Date _____
 Agent Signature _____ Date _____