



## Automobile Physical Damage & Motor Truck Cargo Application

Dates coverage desired: From \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Number of years in business \_\_\_\_\_

Radius of operation:  Local (0-100 miles)  Intermediate (101-200 miles)  Long Haul (200+ miles)

Principle cities to which the insured frequently travels \_\_\_\_\_

### Automobile Physical Damage Section

1. Vehicle(s) legally owned by \_\_\_\_\_

Loss payable to \_\_\_\_\_

2. Name of previous carrier \_\_\_\_\_

3. Name of carrier of public liability and property damage insurance \_\_\_\_\_

4. Has applicant had previous fire, theft and collision automobile insurance cancelled?  Yes  No

If so, state date, name of insurance company and reasons for cancellation \_\_\_\_\_

5. Is vehicle(s) owner-driven?  Yes  No If drivers are employed, what investigations are made? \_\_\_\_\_

6. If more than one vehicle is covered, what is the estimated maximum possible terminal loss? \_\_\_\_\_

Amount of deductible(s) on collision \_\_\_\_\_

7. Will you ever use hired equipment?  Yes  No

8. Will any of your equipment be driven or operated by anyone other than you or your employees?  Yes  No

If yes, please explain in separate memo.

9. Do you own or use trucks and/or trailers other than those listed under item #12 below?  Yes  No

If yes, specify vehicles and state reasons why insurance is not required \_\_\_\_\_

10. Is equipment regularly inspected and serviced?  Yes  No If yes, at what intervals \_\_\_\_\_

11. Physical damage premiums and losses sustained by applicant in the last three years:

Year	Prior Carrier	Premium	No. of Losses	Description of all Losses	Amount

12. Physical damage vehicle schedule

Item No.	Year	Make	Type (truck, tractor, trailer, semi-trailer, truck type tractor)	Full Vin #	Perm. attached equipmt. Y/N	ACV	Loss Payee
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

13. Any prior losses or damage sustained to any of the vehicles listed above?  Yes  No

If yes, explain \_\_\_\_\_

14. Deductible:

- |  |  |
|--|--|
| <input type="checkbox"/> \$1,000 comprehensive     | <input type="checkbox"/> \$1,000 collision     |
| <input type="checkbox"/> \$2,500 comprehensive     | <input type="checkbox"/> \$2,500 collision     |
| <input type="checkbox"/> Other _____ comprehensive | <input type="checkbox"/> Other _____ collision |
| <input type="checkbox"/> Upset and overturn _____  | <input type="checkbox"/> Other _____ FTC       |

**Motor Truck Cargo Section**

15. Cargo filing (required for HHG movers only):  Yes  No If yes, give docket number \_\_\_\_\_

16. Check type of coverage desired:  Covering legal liability on public truckmen  
 Covering Owner's goods on owner's trucks

17. Form desired:  Named Perils  Named Perils Plus Theft  All Risk

18.  Flat Rate  Gross Receipts Basis

19. Deductible:  \$250  \$500  \$1,000  \$2,500 Reefer Breakdown  Other \$ \_\_\_\_\_

20. Prior cargo carrier and loss history last three years:

Year	Prior Carrier	Premium	No. of Losses	Description of all Losses	Amount

21. Has any Carrier cancelled, declined, or refused to renew?  Yes  No If yes, provide complete details \_\_\_\_\_

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

22. Cargo vehicle schedule

Unit No.	Year	Make	Full Vin Number	Body Type	Cargo Limit Per Vehicle
1					
2					
3					
4					
5					

(If not enough space, attach schedule).

23. No prior cargo coverage

24. Will any high theft items ever be hauled? (i.e. Liquors, Tobaccos, Tires, Cigarettes)  Yes  No

If yes, explain \_\_\_\_\_

25. a. States in which Insured operates \_\_\_\_\_

b. Do you travel through any major cities (over 250,000 population)?  Yes  No

If so, please list \_\_\_\_\_

26. Number of runs per month \_\_\_\_\_

27. a. Annual mileage \_\_\_\_\_

b. What is the longest leg that you travel (miles)? \_\_\_\_\_. How often do you make this trip annually? \_\_\_\_\_

28. a. Are trucks ever left unattended while loaded?  Yes  No If yes, please explain \_\_\_\_\_

b. Are trucks left unattended at public or open parking lots over 24 hours (truck stops, rest stops, etc.)?  Yes  No

29. Are trucks regularly garaged while on route?  Yes  No If yes, give details of security arrangements used

At garage \_\_\_\_\_

30. Are trucks loaded at night for early morning start?  Yes  No If yes – Garage location \_\_\_\_\_

Security arrangements at garage(s) \_\_\_\_\_

31. Do any vehicles/units have open bodies or flatbed trailers?  YES  NO

- If "yes" ... which ones are open or flatbed? \_\_\_\_\_

- Is all open cargo tarped? \_\_\_\_\_

- Typically how many tie-down points are used?  1-2  3-4  4-5  6+

- What do you typically use to secure loads?  ratchet straps  chains  trailer bar  other \_\_\_\_\_

Do any units have fire extinguishers on board?  YES  NO

If so, which ones? \_\_\_\_\_

Do any refrigerated units have temperature alarms?  YES  NO

If so, which ones? \_\_\_\_\_

32. Are any vehicles fitted with alarms, two man crews, or other protective devices?  Yes  No If yes, please

give brief details \_\_\_\_\_

\_\_\_\_\_

33. Do you use refrigerated trailers?  Yes  No

If Yes, please answer the following additional questions:

- How often do you service the refrigeration unit? \_\_\_\_\_

- How often do you check that the thermostat and cooling functions are working properly? \_\_\_\_\_

- When loaded, how often do you check the reefer load temperature? \_\_\_\_\_

- Does your unit have any reefer monitors or alarms for temperature increases? Yes  No

34. Fill in the type of property hauled

Property	%	Avg Value	Max Value	Property	%	Avg Value	Max Value
Alcoholic liquors (wines & beer)				Lumber, ply, panel			
Appliances				Merchandise (general)			
Auto haulers				Machinery			
Auto parts				Meat (packaged or swinging)			
Boats (make)				Milk, cream			
Building materials				Mobile homes (single)			
Candy				Mobile homes (double)			
Canned goods				Nuts (domestic)			
Chemicals				Nuts (imported)			
Clothing (manufactured)				Oilfield equipment			
Computers & Electronic goods				Paper products			
Cotton (baled)				Pipe, steel, PVC			
Eggs (shell)				Poultry (live)			
Explosives				Poultry (refrigerated &/or dressed)			
Farm products (non-perishable)				Seafood (general)			
Fertilizers				Shrimp, crabs, oysters, scallops			
Containerized freight				Steel, iron			
Fruit & produce				Steel products			
Frozen & iced				Textile (cloth)			
Furniture (manufactured)				Tires (new &/or used)			
Gas, oil, bulk				Tobacco (hogshead)			
Grain, rice, soy				Tobacco (leaf)			
Hay				Tobacco products			
Livestock, sheep hogs				Other			

35. List all drivers below – if not enough space, attach a list of drivers.

Driver's Name	Date of Birth	DL#	# of Yrs Commtl. Driving experience	# of Yrs Licensed	# of Accidents & violations w/details

36. Has any driver listed been convicted of or have PENDING any court cases or litigation regarding DWI/DUI of alcohol or drugs, license suspensions for moving violations, felonies, hit and run, eluding an officer, reckless/negligent operation of a vehicle, driving while license suspended or revoked?  Yes  No

If yes, describe (including dates) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

37. Do you haul, or allow others to haul under your authority, any hazardous substance or materials as defined by the EPA?  Yes  No

If yes, name all material(s) and/or chemical content: \_\_\_\_\_  
 \_\_\_\_\_

38. Do you haul oversized cargo?  Yes  No

If yes, Max height: \_\_\_\_\_ Max width: \_\_\_\_\_ Max weight of cargo: \_\_\_\_\_

Do you use any special flagging to denote oversized loads?  Yes  No

If yes, explain: \_\_\_\_\_

39. Do you haul loads that require pilot car service?  Yes  No

40. Do you carry cargo that requires special permits or special routes (HC routes)?  Yes  No

41. Does any of your work or operations cross international borders?  Yes  No

42. How many times per year does your work and operations cause you to cross an international border? \_\_\_\_\_

**If you cross into Mexico, coverage is not applicable.**

43. Does your driver selection include:

- Written application
- Check with previous employer
- Drug test prior to hiring
- Obtaining MVR before hiring
- Road test in type of vehicle to be operated
- Physical exam
- Criminal background check
- Random drug test after hiring
- Obtaining MVR after hiring

44. Do you agree to promptly report driver changes within 10 business days?  Yes  No

45. Do you agree to promptly report any driver with an expired/suspended license?  Yes  No

46.

- Any policy or coverage declined, cancelled or non-renewed during the prior three (3) years for any reason:  Yes  No  
If yes, please explain: \_\_\_\_\_
- During the last five (5) years has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other units property?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy in the last five (5) years?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Has applicant been denied any loan request in the last three (3) years based on credit scores?  Yes  No  
If yes, please explain: \_\_\_\_\_
- How many months since last credit score taken? \_\_\_\_\_
- Applicant approximate last credit score (check one): \_\_\_ <500, \_\_\_ 500-550, \_\_\_ 550-600, \_\_\_ 600-650, \_\_\_ 650-700, \_\_\_ 700-750, \_\_\_ >750
- Has applicant had any judgement or lien against them in the last five (5) years?  Yes  No  
If yes, please explain: \_\_\_\_\_

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as on the commencement date of said insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statement and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and same are hereby made the basis and condition of the Insurance.

Agency: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Insured's Printed Name: \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_

Insured Signature: \_\_\_\_\_

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

**NON DRIVING STATEMENT:**

I, the undersigned, do hereby certify that I do not drive any vehicle(s) that require a commercial driver's license (CDL).

Signature: \_\_\_\_\_