



MOTOR TRUCK CARGO APPLICATION

1. Name of applicant: _____

2. Address: _____

3. Number of years in business: _____

4. Description of business: _____

5. Common Carrier: _____ Private/Contract Carrier: _____

6. Is the applicant hauling own goods? _____ Goods of others? _____

7. Does the applicant use sub-contractors? _____

8. Are sub-contractors required to show proof of insurance? _____

9. Commodities hauled: _____ Radius of Operations: _____

10. List of powered units:

Year	Trade Name	Body	S/N

11. Maximum Value per Load \$ _____ Avg. per load \$ _____

12. Annual Revenue: \$ _____

13. Present Insurer : _____

14. Loss Experience : _____

15. Is there a Bill of Lading and with whom? _____

16. Has insurance coverage been denied or cancelled? _____

17. Have all drivers history & accident records been checked? _____

18. Limit required \$ _____ Deductible 5% / \$1000 min. _____

19. Type of Coverage: All Risk Named Perils

20. Policy Term _____ to _____

Date: _____ Applicants Signature: _____

Brokerage Name: _____