

Agent Name \_\_\_\_\_  
 and Address \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### MOTOR CARRIER PHYSICAL DAMAGE AND MOTOR TRUCK CARGO APPLICATION

**GENERAL INFORMATION**

 Proposed effective date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Legal Name of Applicant \_\_\_\_\_  
 DBA Name (if applicable) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Applicant is  Individual  Joint Venture  Corporation  LLC  Partnership  Other, Describe \_\_\_\_\_  
 Years In Business \_\_\_\_\_  
 Inspection Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**LOCATION INFORMATION**

#	Street Address, City, County, State, Zip	Use of Location
1		
2		
3		
4		
5		

1. Type of Carrier:  Common  Contract  Private  Long-Term Lease  Other \_\_\_\_\_
2. Is this a new policy?  Yes  No (if renewal, current policy #) \_\_\_\_\_
3. What is your DOT#? \_\_\_\_\_ MC# \_\_\_\_\_
4. Number of years in trucking industry? \_\_\_\_\_
5. Time in business with insurance coverage under your current name? \_\_\_\_\_ years
6. Are you a New Venture for insurance - Previously leased to another motor carrier or restart?  Yes  No  
 If yes, see page 6 of this application and complete.)
7. Has this business operated under another name?  Yes  No  
 (if yes, explain) \_\_\_\_\_
8. Have you ever filed for bankruptcy?  Yes  No  
 (if yes, explain) \_\_\_\_\_
9. Has any company cancelled or non-renewed applicant's policy in the last three years?  Yes  No  
 MO and OH residents need not respond.)  
 If yes, explain) \_\_\_\_\_
10. Do you lease out your equipment?  Yes  No  
 (If yes, detail how often and to whom) \_\_\_\_\_

11. Do you use rented, leased or borrowed equipment requiring cargo?  Yes  No

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

12. Number of vehicles operated:

Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trucks \_\_\_\_\_ Full Trailers \_\_\_\_\_

13. Number of units in each radius group:

	100	300	600	Over 600
Tractors				
Trucks				

Maximum Radius \_\_\_\_\_ Miles Average Radius \_\_\_\_\_ Miles

14. Principal Haul From \_\_\_\_\_ To \_\_\_\_\_

To \_\_\_\_\_

15. Do you own any vehicles that will not be covered under this policy?  Yes  No

(If yes, describe other vehicles) \_\_\_\_\_

16. Do you plan on adding additional vehicles during the policy term?  Yes  No How many? \_\_\_\_\_

17.

**Commodities / Products Hauled**  
(Provide full description of goods hauled)

	Commodities	Percentage	Maximum Value	Average Value
1.		%	\$	\$
2.		%	\$	\$
3.		%	\$	\$
4.		%	\$	\$
5.		%	\$	\$
6.		%	\$	\$

18. During this policy period, will you transport any hazardous or extra hazardous materials as defined by the EPA and DOT?  Yes  No

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

19. Regulatory Filings (State/Federal) i.e. BMC34 Are filings required?  Yes  No



**Vehicle Maintenance / Safety & Security Controls**

28. Is a formal inspection and maintenance program in effect?  Yes  No
29. What type of controls do you have to protect and secure cargo hauled?
- Alarms  Yes  No
- GPS Tracking System  Yes  No
- Kingpin Locks  Yes  No

Describe any other anti-theft and security devices installed on equipment: \_\_\_\_\_

30. **Schedule of Vehicles**

Schedule of Equip		Trade Name	Body	VIN	Indicate (O)wned or (L) eased	Stated Amount	Deductible		Loc #
#	Year						Coll	SCOL / Comp	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

**Body Types Legend**

**Trailer Type Legend**

- |                 |                                 |              |                              |                               |
|-----------------|---------------------------------|--------------|------------------------------|-------------------------------|
| CC Car Carrier  | DS Dump Side                    | LV Livestock | TA Tanker Asphalt/Hot Oil    |                               |
| CD Curtain Side | FB Flat Bed                     | LG Log       | TC Tanker Chemical/Acid      |                               |
| DL Dolly        | HP Hopper/Grain                 | LB Lowboy    | TG Tanker Gasoline/Fuel      |                               |
| DV Dry Van      | IC Intermodal Container Chassis | PP Pup       | TP Tanker Pneumatic/Dry Bulk | WT Wedge Trailer/3 Car Hauler |
| DE Dump End     | LW Live/Walking Floor           | RF Reefer    | TO Tanker Other              |                               |

**Power Unit Legend**

- |            |          |           |
|------------|----------|-----------|
| TR Tractor | TK Truck | PU Pickup |
|------------|----------|-----------|

31. Do you pull Double, Pup, or Triple Trailers?  Yes  No

32. Describe any special mounted/attached equipment and value \_\_\_\_\_

33. For refrigerated trailers, what is the average age of the cooling systems? \_\_\_\_\_ Years

34. Do you perform regular maintenance on all refrigeration units?  Yes  No

35. Driver Information

NOTES: Provide MVR copies on all drivers

Drivers 65 years of age and over must submit DOT Medical Certification

**All NEW drivers hired during the term of this policy must be IMMEDIATELY REPORTED to the company prior to driving.**

Failure to report may result in termination of this policy. Report new drivers to your agent.

						Accidents and moving violations, past 3 yrs	
Name of Driver	DOB	DL Number	State	Yrs Comm Driving	Hire Date	Number of accidents	Number of violations
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

*Provide separate list if more than 15 drivers*

36. Additional Interests (Shippers, Brokers, Lessee, Loss Payee)

Are you required to add others for coverage under this policy?  Yes  No

Who and why? \_\_\_\_\_

Please list any of the following types of entities and unit number, if applicable

Name	Address	Additional Interest Types	Unit #, if applicable (see vehicle schedule)

37. **NEW VENTURE / PREVIOUSLY LEASED / RESTARTING**  Not Applicable

Truck Driving Previous Employment	Employment Date (Month/Year)	Type of Equipment	Commodities Hauled	Maximum Radius of Operation
Name and Address	From _____			
	To _____			
MC/DOT#				

38. While operating commercial vehicles for other motor carriers listed, did you have any accidents?  Yes

If yes, provide details and amounts paid for each accident \_\_\_\_\_  
 \_\_\_\_\_

No **I, certify that I did not have any accidents or losses while driving for other motor carriers listed.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**SIGNATURE SECTION AND AUTHORIZATION FOR INFORMATION**

**FRAUD STATEMENTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**\*\* STATE SPECIFIC PROVISIONS \*\***

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

