

PO Box 949, Troy, OH 45373 (800) 648-0357 Fax: (877) 311-6887 www.coxspecialty.com

Agent Name				
and Address				
Phone	(	)	-	

## MOTOR CARRIER PHYSICAL DAMAGE AND MOTOR TRUCK CARGO APPLICATION

GEN	IERAL INFORMATION		
Pro	posed effective date//		
Leg	al Name of Applicant		
DB/	Name (if applicable)		
Mai	ling Address		
App	licant is   Individual   Joint Venture   Corporation   LLC   Partnership   Other, Describe		
Yea	rs In Business		
	pection Contact Phone (	) -	
	CATION INFORMATION	,	
	Street Address, City, County, State, Zip	Use of Locat	tion
1			
2			
3			
4			
5			
,		<u>l</u>	
1.	Type of Carrier: Common Contract Private Long-Term Lease Other		
2.	Is this a new 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	□Yes	□No
6.	Are you a New Venture for insurance - Previously leased to another motor carrier or restart?  If yes, see page 6 of this application and complete.)	□ res	
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?  MO and OH residents need not respond.)	☐ Yes	□ No
	If yes, explain)		
10.	Do you lease out your equipment?	☐ Yes	☐ No
	(If yes, detail how often and to whom)		

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11.	Do you use ren	ted, leased or borro	wed equipment requiri	ng cargo?			☐ Yes	□ No
	If yes, explain)							
12.	Number of veh	icles operated:						
	Tractors	Semi-T	railers	Trucks	Full Tr	ailers	ī	
13.	Number of unit	ts in each radius gro	ıp:					
		100	300	600	Over 600			
	Tractors							
	Trucks							
	Maximum Radi	us N	liles Average Ra	dius M	liles			
14.	Principal Haul	From		То	)			
				To				
15.	Do you own an	y vehicles that will n	ot be covered under th	is policy?	☐ No			
	•	other vehicles)		. ,				
16		-	ehicles during the polic	y term?	□ No H	ow many?		
17.	Do you plan on	duding duditional v		odities / Products Haule				
17.				Il description of goods h				
			Commodities			Maximum Value	Average	Value
	1.				%	\$	\$	
	2.				%	\$	\$	
	3.				%	\$	\$	
	4.				%	\$	\$	
	5.				%	\$	\$	
	6.				%	\$	\$	
18.		icy period, will you to he EPA and DOT?	ransport any hazardous	or extra hazardous mat	erials		Yes	□No
	If yes, explain)							
19.	Regulatory Filir	ngs (State/Federal) i.	e. BMC34 Are filings r	equired?			☐ Yes	☐ No

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2	0	Selection of Co	verage and Limits						
	Coverages			Limits Re	equeste	ed .			
	Motor Truck Cargo								
	motor many cargo		Limit	Deductible					
	Refrigeration Breakdown		<u> </u>	Deductible					
	Specified Causes of Loss		□ .	Deductible					
	Comprehensive			Deductible					
	Collision								
	Combined Deductible Physical Damage			Deductible					
	Commercial Towing	□ 5,000 □ 15,000	□ 10,000						
	Trailer Interchange					Do you hav	e a trail	er interchan	ge
			Limit	Deductible		agreement	in place	?	☐ No
	Hired Physical Damage		Limit -	Deductible					
21.	Prior Insurance Carriers (Previ	ouis three years, Insurance		Policy Numbe	er	Premiur	n		
22.	Loss Experience		Please Provide / A	ttach Loss Runs					
		Number of		irgo		Physica	l Dama	ge	7
	Period	Vehicles	# of Occurrences	Total Incurred	# of 0	Occurrences	Tota	l Incurred	4
	Current			\$			\$		4
	1 Year Prior			\$			\$		4
	2 Year Prior			\$			\$		-
	3 Year Prior Total			\$ \$			\$ \$		-
23.	Provide details of any loss in e	xcess of \$25,000					<del>y</del>		_
		Dr	iver Information (Co	ntrols and Safety)					
24.	Do you comply with U.S. Dept (Driver Files, Drug Screening, F	•	_					Yes	□ No
25.	_							☐ Yes	□ No
26.				Age	Υ	ears Experie	nce		
27.	Do you have any team drivers							Yes	□ No

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# 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					
		hedule of				Indicate (O)wned		Dedu	ctible	П
		quip				or	Stated		SCOL/	Loc
	#	Year	Trade Name	Body	VIN	(L)eased	Amount	Coll	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/ WT Wedge Trailer/ Dry Bulk 3 Car Hauler
DE Dump End	LW Live/Walking Floor	RF Reefer	TO Tanker Other
Power Unit Legend TR Tractor	TK Truck PU	Pickup	

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	Do you pull Double, Pup, or Triple		☐ Yes ☐ No	ı					
32.	Describe any special mounted/at	tached equip	ment and value						
33.	For refrigerated trailers, what is t	the average a	ge of the cooling syster	ns?		Years			
34.	Do you perform regular maintena	ance on all re	frigeration units?	☐ Yes	s No				
35.	Driver Information								
	NOTES: Provide MVR copies on								
	Drivers 65 years of age a All NEW drivers hired d					CED to ti	ho cor	nnany nrior to	driving
	Failure to report may re						ile con	ilpaily prior to	runving.
					•			Accidents a	_
			<del>-</del>	T	V C		_	violations,	
	Name of Driver	DOB	DL Number	State	Yrs Comm e Driving	Hire Date		Number of accidents	Number of violations
1.	Nume of Briver		DENGINGE	3.00.0	C Dilving			decidents	Violations
2.				†					
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.				<u> </u>					
11.				<u> </u>					
12.				<b>↓</b>					
13.				<u> </u>					
14.									
15.									
	Provide separate list if more tha	ın 15 drivers							
36.	Additional Interests (Shippers, Br		Loss Pavee)						
	Are you required to add others for			☐ Yes	s $\square$ No				
	Who and why?	JI COVETUBE G	nuel uns poncy.	□ 155	3 110				
	Please list any of the following ty		it number if a	!:cablo					
	Please list any of the following ty	pes or entitle	s and unit number, if ap	эрпсавіе	Additional Inte	erest	Uı	nit #, if applica	able (see
	Name		Address		Types			vehicle sche	-
						$\longrightarrow$			
	1					I			

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37.	NEW VENTURE / PREVIOUSLY L	EASED / RESTARTING 🔲 N	ot Applicable		
					Maximum
	Truck Driving Previous	Employment Date	Type of	Commodities	Radius of
	Employment	(Month/Year)	Equipment	Hauled	Operation
	Name and Address				
		From			
		-			
		То			
	MC/DOT#				
	While operating commercial vehions  f yes, provide details and amount		isted, did you have any accio	dents?	
	, , , , , , , , , , , , , , , , , , , ,				
-	$\square$ No $\blacksquare$ I. certify that I did not ha	nua anu assidants ar lassas u	shile duising for other meter	v couriers listed	
L	i, certify that I did not no	ave any accidents or losses w	mile ariving for other motor	r carriers listed.	
-	Applicant's Signature		Date		

NEW VENTURE / PREVIOUSLY LEASED / RESTARTING 
Not Applicable

#### 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.

Applicable in KY, NY, OH and PA: 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 insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

In connection with the processing of this Application, the Company may undertake an investigation of the credit worthiness of the Applicant and other matters contained herein. By signing this Application, Applicant authorizes Company to undertake such investigation which may include contacting credit references and other with knowledge of Applicant's affairs.

I hereby authorize the Company, Broker and/or the Producing Agent to obtain from the proper authority a copy of an investigative report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining such report a consumer reporting agency may be used by insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting and I hereby certify that the information above is true. I also agree that if a policy is issued pursuant to this application and any restrictive and/or Exclusion Endorsement text, which included on the application and signed by me, shall become a part of such policy.

The Applicant hereby covenants and agrees that the statements and answers contained in this Application are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant. This Application and the information provided herein are made the basis and the condition of the insurance, and are representations on the part of the insured. Material or fraudulent representations may prevent recovery on the policy.

The terms of this Application shall apply not only to the original policy or policies issued in connection with this application, but also to any renewals or extensions thereof.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance provided by the Company is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

THE APPLICANT, BY HIS/HER SIGNATURE CONFIRMS FULL KNOWLEDGE OF ALL OF THE ABOVE, AND FULL KNOWLEDGE OF,

City

Address

ADHERENCE TO, CURRENT D.O.T. SAFET	Y REGULATIONS.	
Signature of Applicant	Title	Date
	PRODUCER / BROKER INFORMATION	
Signature of Producer	Agency Name	Phone Number

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State

Zip Code