

**APPLICATION FOR MOTOR TRUCK CARGO INSURANCE**

Brokers Name: _____	Policy Period: _____
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Name of Applicant and Address: \_\_\_\_\_  
 \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Previous Policy Number: \_\_\_\_\_

The present Automobile Insurer: \_\_\_\_\_

Five-Year Loss History on Cargo Losses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has any insurer ever cancelled or Refused Coverage: \_\_\_\_\_

Description of merchandise shipped and a percentage breakdown: \_\_\_\_\_  
 \_\_\_\_\_

Radius of Operations: \_\_\_\_\_ Overall Annual Distance Travelled: \_\_\_\_\_

Provinces and States where Merchandise Hauled: \_\_\_\_\_

Breakdown of mileage travelled in the U.S. by State: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List of Established Routes and Frequency of Trips: \_\_\_\_\_  
 \_\_\_\_\_

How Long in Business: \_\_\_\_\_

List of Drivers	Driving Experience and Years Accident Free

Procedures for Driving Record and Background Checks on Drivers: \_\_\_\_\_  
 \_\_\_\_\_

Fleet Safety and Incentive Plans for Drivers: \_\_\_\_\_  
 \_\_\_\_\_

Number of driving hours permitted within a 24-hour period: \_\_\_\_\_

Number of crew on each vehicle: \_\_\_\_\_

<b>Description of Motor Vehicles and/or Trailers and Limit Applicable to Each</b>				
<b>Trade Name, Model, Year and Type of Vehicle</b>	<b>Serial Number</b>	<b>Tonnage</b>	<b>Limit of Coverage Required</b>	<b>Refrigeration or Heating Equipment</b>

Type and Frequency of Inspection Program: \_\_\_\_\_

Type and Frequency of Maintenance of Program: \_\_\_\_\_

Are Vehicles Equipped with Portable Extinguishers?       Yes       No

Burglary Protection provided on the Vehicles and Trailers: \_\_\_\_\_

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

\_\_\_\_\_  
Date