



# Motor Truck Cargo Application Scheduled Vehicle Policy

**AGENCY INFORMATION**

Agency Name: \_\_\_\_\_ Producer Code: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Action:  Quote  Issue Bound (date, time effective): \_\_\_\_\_  
 Years in business: \_\_\_\_\_ Do you currently write this account?  Yes  No  
 Present Carrier: \_\_\_\_\_ Premium/Rate: \_\_\_\_\_  
 Has cargo coverage been cancelled or non-renewed in the past 3 years?  Yes  No  
 Has applicant filed bankruptcy within the past 3 years?  Yes  No  
 Has applicant had authority under a different name in the past 3 years?  Yes  No  
 If yes: Name of prior authority: \_\_\_\_\_  
 DOT# of prior authority: \_\_\_\_\_

**TYPE OF CARRIER**

Common Carrier  Contract Carrier  Freight Forwarder  Freight Broker

**FILINGS REQUIRED**

FMCSA / BMC 34  State(s): \_\_\_\_\_  
 Docket Number: \_\_\_\_\_ DOT Number: \_\_\_\_\_

**TYPE OF OPERATION - (Check all that apply)**

Dry Van / Box  Refrigerated Freight  Household Goods  
 Flat Bed  Oversized / Overweight  Double Trailers  
 Automobile Hauler  Containerized Freight  Mobile Home Hauler

**RADIUS OF OPERATIONS - (AVERAGE)**

\_\_\_\_\_ % under 300 miles \_\_\_\_\_ % 301 to 500 miles \_\_\_\_\_ % 501 to 1,500 miles \_\_\_\_\_ % over 1,500 miles  
**TARGET CITIES: (check all that apply) (transported to / from more than 10 times / calendar year)**  
 Los Angeles, CA  New York, NY  Newark, NJ  Miami, FL

**LIMITS OF INSURANCE**

\$ \_\_\_\_\_ on any one vehicle in transit \$ \_\_\_\_\_ increased limit for specific shipper  
 \$ \_\_\_\_\_ any one loss Shipper Name: \_\_\_\_\_

**DEDUCTIBLE**
 \$1,000   
 \$2,500   
 \$5,000   
 Other: \_\_\_\_\_
**COMMODITIES HAULED**

Commodity	Avg / Max Amount Per Load	%
	/	
	/	
	/	
	/	
	/	

**OPTIONAL COVERAGES**

- |  |  |
|--|--|
| <input type="checkbox"/> Spoilage / Freezing Coverage - \$ _____ Deductible                                | <input type="checkbox"/> Owners Goods Extension                          |
| <input type="checkbox"/> MTC Additional Coverages Plus Endorsement   | <input type="checkbox"/> Pollutant Clean Up (\$10,000 limit)             |
| <input type="checkbox"/> Right & Duty to Defend (Defense Coverage)   | <input type="checkbox"/> Livestock Downgrading Coverage                  |
| <input type="checkbox"/> Specified Causes of Loss  | <input type="checkbox"/> Filings Only (Self Insured for Cargo Liability) |
| <input type="checkbox"/> Non Owned Trailer / Container Coverage \$ _____ limit any one trailer / container |  |

**TERMINALS (list terminal location(s) if coverage is desired)**

Limit	Terminal Location Address	Construction
\$		
\$		
\$		

**THEFT EXPOSURE**

- Are vehicles ever left loaded and unattended?     Yes     No  
If yes, please describe: \_\_\_\_\_
- Does applicant ever leave loaded trailers detached from power units?     Yes     No  
If yes, please describe: \_\_\_\_\_
- What **security** is provided for **loaded vehicles**? (check all that apply)
- At locations:**   
 Fenced Lot                       Security Guards                       Cameras  
 Kingpin Locks                       Vehicle Theft Alarms                       In Locked Building
- In transit:**   
 GPS Device                       Armed Guard in Vehicle  
 Vehicle Theft Alarm                       Other: \_\_\_\_\_

**LOSS EXPERIENCE (past 3 years)**
Any losses within the past 3 years?     Y     N   
Hard Copy Loss Runs Attached?     Y     N

Policy Period	Amount Paid	# Claims	Cause(s) of Loss	Open Claim?	
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N
	\$			<input type="checkbox"/> Y	<input type="checkbox"/> N

**Applicant's Drivers Guidelines (indicate each that apply)**

Policies may be underwritten by Great American Insurance Company, American Alliance Insurance Company, American National Fire Insurance Company, or Agricultural Insurance Company. Licensing authority varies by state.

