Cargo Renewal Questionnaire

Argenia, Inc.
P.O. Box 17370
Little Rock, AR 72222-7370
(501) 227-9670 FAX: (501) 227-8105

Policy Term From: _____ To _____

Named Insured: _____ Policy No. _____

Renewal Date _____

1. Complete the following: Have there been any changes – if yes, explain.

		Yes	No	
(a)	Named Insured	☐	☐	
(b)	Address of Insured	☐	☐	
(c)	Largest City Entered	☐	☐	
(d)	Maximum Radius Operated	☐	☐	
(e)	No. of Vehicles Owned	☐	☐	
(f)	No. of Vehicles Leased	☐	☐	

(g) Are all owned & leased vehicles covered under this policy ☐ Yes ☐ No If no, explain: _____

2. Is there any change in operations? ☐ Yes ☐ No If yes, explain: _____

3. Indicate any changes in units or coverages to be made at renewal: _____

4. **MUST BE COMPLETED FOR ALL DRIVERS** (if not enough space attach list)

Driver's Name	Date of Hire	Date of Birth	Driver's Licenses			Experience	
			State	Number	No. of Years Licensed	Type of Unit (Bus, Van, etc.)	No. of Years

5.

Type of Cargo	% of Hauling	Maximum Value	Average Value

Amount of Insurance on each truck should equal the maximum load carried, as policies contain a **100% co-insurance clause.**

6. **INSURANCE NEEDS –** Complete for desired coverages:

☐ Named Perils or ☐ Broad Form Deductible Amount $_____ Limit of Insurance $_____

OPTIONAL COVERAGES (Additional Premium) ☐ Additional Insured Endorsement (Lessee) ☐ Loading and Unloading Coverage

☐ Earned Freight Coverage ☐ Refrigeration Breakdown Coverage ☐ Hired Car Cargo Coverage

REDUCTION OF COVERAGE (Premium Credit) ☐ Exclude Theft Coverage

7. Are DOT filings required? ☐ Yes ☐ No If yes, list MC number and required filings: _____

The Applicant's representative acknowledges that he/she has advised the Insured and the Insured agrees that if the foregoing statements and answers are materially false, the Company shall have the right to rescind any policy it may issue or any renewal thereof. All terms, conditions, and applicable endorsements of the previous policy shall apply. Representations made on the Insured's original Company application shall survive renewal unless modified by this document.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Date _____ _____

Applicant's Representative

_____

Address of Applicant's Representative