

MOTOR TRUCK CARGO APPLICATION

BROAD FORM 15

Use space on last page or attach an extra sheet if there is insufficient space for answers.



Name of Applicant _____ doing business as

Company _____ Year Established _____

Email Address _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____ DOT Number _____

1. Owner Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____ D.O.B _____

Gender? ☐ Male ☐ Female (Gender is required for our National Driver's Association Program)

2. Associated or Subsidiary Companies to be included:

Name _____

Address _____ City _____ State _____ Zip Code _____

Function _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Function _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Function _____

3. Are Companies: ☐ Common Carriers ☐ Private Carriers ☐ Contract Carriers ☐ Owner of Cargo

☐ Other _____

If you're contracted on a released liability basis, please attach a copy of a specimen waybill showing how much liability you accept. Also, please give details of your additional valuation rates and the approximate annual level of additional valuation charges you receive.

a) Give details of any operations carried out other than that of a carrier: _____

b) Do you subcontract to other parties? ☐ YES ☐ NO If 'YES', on long term (30+ days) leases or other basis? (Please explain) _____

c) Are subcontractors responsible for loss or damage to the cargo subcontracted to them? ☐ YES ☐ NO

If 'YES', do you maintain copies of their current insurance policy file? ☐ YES ☐ NO

4. Give gross receipts in respect of your trucking operations for past 5 years:

Year	Gross Receipts Own Haul		Gross Receipts Subcontracted Out		Total Gross Receipts All Operations	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

5. The following interests are excluded under the basic policy form but can normally be covered at additional premium if requested. Please check any that you wish to be covered, and include details of such exposures in answer to question #7:

- | | | |
|---|---|---|
| ☐ Accounts | ☐ Bills | ☐ Debts |
| ☐ Evidence of Debts | ☐ Letters of Credit | ☐ Passports |
| ☐ Documents | ☐ Railroad/Other Tickets | ☐ Notes |
| ☐ Money | ☐ Securities | ☐ Currency |
| ☐ Bullion | ☐ Precious Stones | ☐ Garments ¹ |
| ☐ Paintings | ☐ Statuary/Other Works of Art | ☐ Manuscripts |
| ☐ Mechanical Drawings | ☐ Live Animals | ☐ Tobacco |
| ☐ Cigars | ☐ Cigarettes | ☐ Seafood (Unless Canned) |
| ☐ Furs | ☐ Alcohol | ☐ Liquor |
| ☐ Beers | ☐ Wine | ☐ Electronics ² |
| ☐ Jewelry and/or Other Similar
Ingot Form | ☐ Non-Ferrous Metal in Scrap
or Valuable Articles | |

1) Defined as: Items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like.

2) Defined as: All items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCR's, hi-fis, CD players, and the like. Note: Heavy electrical items, such as switch gear, turbines, generators, and the like are NOT considered to be electronics.

6. Form of coverage required: ☐ Broad Form ☐ Include Reefer Breakdown ☐ Named Peril Form

7. List by category and percentage of the total loads shipped. Please be sure to list all items checked from questions #5.

Type of Cargo	Average Value per Load		Maximum Value per Load		% of Total Load	
Machinery	\$		\$			%
Tobacco	\$		\$			%
Produce (Non-Reefer)	\$		\$			%
Chilled Food (Reefer)	\$		\$			%
Frozen Food (Reefer)	\$		\$			%
Building Materials	\$		\$			%
	\$		\$			%
	\$		\$			%
	\$		\$			%
	\$		\$			%
	\$		\$			%
	\$		\$			%

If other types of cargo hauled, please give details: _____

8. Do you require coverage for cargo in terminals or at other places where vehicles are often left overnight or weekends? On Vehicles: ☐ YES ☐ NO
Off Vehicles: ☐ YES ☐ NO

If either answer is 'YES', please give details of any locations which are regularly used:

Address _____
City _____ State _____ Zip Code _____ Max. Value Exposed? \$ _____
Fenced yard locked at night? ☐ YES ☐ NO 24-Hour Watchman? ☐ YES ☐ NO
Alarmed Building? ☐ YES ☐ NO Sprinkler Building? ☐ YES ☐ NO

Address _____
City _____ State _____ Zip Code _____ Max. Value Exposed? \$ _____
Fenced yard locked at night? ☐ YES ☐ NO 24-Hour Watchman? ☐ YES ☐ NO
Alarmed Building? ☐ YES ☐ NO Sprinkler Building? ☐ YES ☐ NO

Address _____
City _____ State _____ Zip Code _____ Max. Value Exposed? \$ _____
Fenced yard locked at night? ☐ YES ☐ NO 24-Hour Watchman? ☐ YES ☐ NO
Alarmed Building? ☐ YES ☐ NO Sprinkler Building? ☐ YES ☐ NO

9. Limits required:

- a. \$ _____ a.o. vehicle
b. \$ _____ a.o. loss (vehicle accumulation)
c. \$ _____ a.o. terminal (off vehicles)

If limit of 10(b) is in addition to 10(c), specify overall loss limit needed \$ _____

Do you ever carry loads valued greater than the cargo insurance limit requested? ☐ YES ☐ NO

10. Give details of any steps taken to secure vehicles when left unoccupied: _____

11. Give details of any I.C.C. or State/Provincial cargo filing required: _____

12. Percentage of hauls by distance: 1-250 miles _____% 251-1000 miles _____% 1001+ miles _____%

13. Please give the number of vehicles for which cargo coverage is required:

Tractor Units: _____	Reefer Trailers 10 Years Old or Less: _____
Straight Trucks: _____	Reefer Trailers More Than 10 Years Old: _____
Reefer Trucks: _____	Flat Bed Trailer: _____
Tank Trucks: _____	Tank Trailers: _____
Other Power Units: _____	Other Trailer: _____
Total Number of Power Units: _____	Total Number of Trailers: _____

14. Please give power unit vehicle identification numbers if scheduled vehicle policy is required:

Year	Make	Model	VIN

15. Please give driver(s) details:

Total No. of Drivers: _____ No. of Full-Time Employee Drivers: _____
 No. Under 25 Years Old: _____ No. of Drivers on Long-Term (30+ days) Lease: _____
 No. Over 60 Years Old: _____ No. of Two Person Driver Teams: _____

Name _____ D.O.B. (mm/dd/yy) _____
 DL# _____ State _____ Total Years of Commercial Driving Experience _____
 Gender? ☐ Male ☐ Female (*Gender is required for our National Driver's Association Program*)
 Any Violations/Accidents? ☐ YES ☐ NO If 'YES', please explain: _____

Name _____ D.O.B. (mm/dd/yy) _____
 DL# _____ State _____ Total Years of Commercial Driving Experience _____
 Gender? ☐ Male ☐ Female (*Gender is required for our National Driver's Association Program*)
 Any Violations/Accidents? ☐ YES ☐ NO If 'YES', please explain: _____

Name _____ D.O.B. (mm/dd/yy) _____
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Name _____ D.O.B. (mm/dd/yy) _____
 DL# _____ State _____ Total Years of Commercial Driving Experience _____
 Gender? ☐ Male ☐ Female (*Gender is required for our National Driver's Association Program*)
 Any Violations/Accidents? ☐ YES ☐ NO If 'YES', please explain: _____

16. Please give details of checking procedures maintained for hiring new drivers: _____

17. What criteria are used to determine whether to terminate current driver(s)? _____

18. Please provide your loss experience, whether insured or not, for the past 5 years, on All Risks/Broad Form basis, **FROM 1st DOLLAR / NO DEDUCTIBLE.**

Year _____ Paid \$ _____ Outstanding \$ _____
Details _____

Year _____ Paid \$ _____ Outstanding \$ _____
Details _____

Year _____ Paid \$ _____ Outstanding \$ _____
Details _____

Year _____ Paid \$ _____ Outstanding \$ _____
Details _____

Year _____ Paid \$ _____ Outstanding \$ _____
Details _____

19. Are details of claims within deductible ('over, shortage and damage') maintained? ☐ YES ☐ NO

If 'YES', please give details for the past 3 years:

Year _____ Paid \$ _____ Outstanding \$ _____
Details _____

Year _____ Paid \$ _____ Outstanding \$ _____
Details _____

Year _____ Paid \$ _____ Outstanding \$ _____
Details _____

20. Has any insurer within the past 5 years non-renewed or cancelled insurance to the applicant?

☐ YES ☐ NO If 'YES', please give details: _____

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as **defined in Section 102(1) of the Act, as amended**: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, to the date on which the TRIA program is scheduled to terminate, or the expiry date of the policy whichever occurs first and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

- ☐ I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD_____
- ☐ I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Syndicate on behalf
of certain underwriters at Lloyd's

Print Name

Policy Number

Date

Transportation Insurors | 111 East Main Street, Delphi, IN 46923 | www.transportationinsurors.com
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