MOTOR TRUCK CARGO APPLICATION

BROAD FORM 15

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

TRANSPORTATION INSURORS
A DOXA COMPANY

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

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) ______________
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) ______________
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: _____

_____

_____

_____

21. Please give details of your existing cargo coverage:

Carrier _____
Existing Deductible $_____ Existing Limit $_____ Existing Rate _____
Renewal Offered _____ Expiring Date (mm/dd/yy) _____

22. Date from which insurance coverage is required: (mm/dd/yyyy) _____

I/we hereby declare that the statements and particulars given in this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld, or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in pattern or my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of this contract.

Applicant's Signature: _____ Date: _____

BROKER INFORMATION

Agent Signature _____ Date _____
Agency _____ Contact _____
Email Address _____ Phone Number _____
Address _____
City _____ State _____ Zip Code _____

Continued From Questions _____
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CONTINGENT CARGO LIABILITY CHECKLIST

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

1. Please provide name, address, and phone number for the owner and driver of the truck:

   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)*

   Driver 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. Please provide name, address, phone number, and docket number for the motor carrier in which the truck is leased to:

   Motor Carrier Name: ______________________________________ Phone Number: ____________________
   Address ____
   City _____________________ State ________ Zip Code __________ Docket Number: ___________________

3. Please provide name of co-signed and co-signer of load:

   Co-signed Name: ____

   Co-Signer of Load Name: ____

4. Please provide details of any additional interests.

   ☐ Additional Insured ☐ Additional Insured Blanket ☐ WOS ☐ WOS Blanket

   Name: ____
   Address: ______________________________ City: __________________ State: ______ Zip Code: ___________

   ☐ Additional Insured ☐ Additional Insured Blanket ☐ WOS ☐ WOS Blanket

   Name: ____
   Address: ______________________________ City: __________________ State: ______ Zip Code: ___________

   ☐ Additional Insured ☐ Additional Insured Blanket ☐ WOS ☐ WOS Blanket

   Name: ____
   Address: ______________________________ City: __________________ State: ______ Zip Code: ___________

   ☐ Additional Insured ☐ Additional Insured Blanket ☐ WOS ☐ WOS Blanket

   Name: ____
   Address: ______________________________ City: __________________ State: ______ Zip Code: ___________

5. If you obtain an accord certificate of insurance from the trucker's insurance agent, please verify the following:

YES	NO	
☐	☐	Effective dates and expiration dates of the cargo policy.
☐	☐	Name on policy to whom it is issued.
☐	☐	Name, address, phone of agent trucker.
☐	☐	Date, time, and name of person(s) at insurance agency that verified and sent proof of coverage.
☐	☐	Request that you be notified if trucker's cargo policy, when and if, is in cancellation.
☐	☐	Do you ask if insurance cargo carrier is at least rated 'A' for financial stability?
☐	☐	Do you ask for an explanation for the kind of cargo being conveyed if there are exclusions, stipulations, limitations are connected to the freight you will match, broker, or forward with your trucker and what deductibles?

Applicants Signature: _____ Date: _____

Continued From Questions _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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 Unites Staes Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, to the date on with 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