



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-678-7342 • Fax 800-478-9880

# MOTOR TRUCK CARGO

## A. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

### Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

Insured amount requested per vehicle: \$ \_\_\_\_\_

Self-Insured Retention (SIR):  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**E. Business Activities**

1. With what regulatory commissions are policies to be filed? \_\_\_\_\_
2. File or docket numbers? I.C.C., Pa., Ohio, NY., In. \_\_\_\_\_
3. Operates in States or Provinces of: \_\_\_\_\_
4. Routes (principal cities): \_\_\_\_\_
5. Radius of Operations
 

Trucks:	Local _____	250 + Miles _____	Over 500 Miles _____
Tractors:	Local _____	250 + Miles _____	Over 500 Miles _____

6. Do you carry any of the following?

Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, garments, alcohol, beer, wine, radios, televisions, hi-fi's, or computers.

Please specify: \_\_\_\_\_

- 7.

	Type of Cargo	Maximum Value Per Load	Average Value Per Load	Percentage of Total Number of
Heavy Machinery				
Electrical Equipment				
Wearing Apparel				
Tobacco Products				
Alcohol				
Produce				
Chilled Food				
Frozen Food				
Other (specify)				

**F. Receipts**

1. Gross receipts from the past four years:
 

From: _____	To: _____	Cargo Rate _____	Revenue _____
From: _____	To: _____	Cargo Rate _____	Revenue _____
From: _____	To: _____	Cargo Rate _____	Revenue _____
From: _____	To: _____	Cargo Rate _____	Revenue _____
2. Estimated receipts for coming year: \_\_\_\_\_

**G. Employees**

1. Describe any formal training/education requirements for employees: \_\_\_\_\_  
\_\_\_\_\_
2. Drivers (if additional, please attach list)

Full Name as it Appears on License	Birth Date	State and Driver's License Number	Date Employed


**H. Equipment**

Number of Vehicles: Cars #\_\_\_\_ Tractors #\_\_\_\_

Trucks: Van #\_\_\_\_ Flatbed #\_\_\_\_ Refrigerated #\_\_\_\_ Tank #\_\_\_\_ Bulk #\_\_\_\_

Semi Trailers: Van #\_\_\_\_ Flatbed #\_\_\_\_ Refrigerated #\_\_\_\_ Tank #\_\_\_\_ Bulk #\_\_\_\_

Full Trailers: Van #\_\_\_\_ Flatbed #\_\_\_\_ Refrigerated #\_\_\_\_ Tank #\_\_\_\_ Bulk #\_\_\_\_

1. Do you own or use equipment other than that listed above?  Yes  No
2. If yes, please explain: \_\_\_\_\_
3. Do you lease, loan or rent any of your equipment to others?  Yes  No
4. If yes, please explain: \_\_\_\_\_
5. Is equipment inspected?  Yes  No How often? \_\_\_\_\_
6. Inspections performed by: \_\_\_\_\_ Are records kept?  Yes  No
7. Who maintains and repairs equipment? \_\_\_\_\_

**I. Premises Exposures**

1. Is terminal coverage required?  Yes  No
2. Terminals:
  - Lighted  Yes  No Fenced  Yes  No Sprinklered  Yes  No
  - Burglary Alarm  Yes  No Watchman  Yes  No
3. Construction:  Frame  Metal Clad  Masonry  Fire Resistive
4. Square Feet: \_\_\_\_\_
5. Fire Contents Rate: \_\_\_\_\_
6. Limit Required: \_\_\_\_\_
7. Average Value: \_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature Signature

\_\_\_\_\_  
Print Name Print Name