



MOTOR TRUCK CARGO

FAX TO: ROGER J. FUYDAL

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Insured Name	
Street Address	
City, State, Zip	
Phone Number	
Fax Number	
Email Address	

QUESTION	ANSWER																								
Current Insurance Carrier for Motor Truck Cargo Insurance	<i>Name of Carrier</i>																								
Number of Scheduled Vehicles	<i>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</i>																								
Experience	<p>1. Length of Time you have been in business as a Motor Carrier?</p> <p>() <i>Less than 36 Months</i> () <i>11 – 20 years</i></p> <p>() <i>3 – 5 Years</i> () <i>21+ years</i></p> <p>() <i>6 – 10 years</i></p> <p>2. How long has the least experienced operator had his Commercial Driver's License (CDL)?</p> <p>() <i>24 Months or more</i></p> <p>() <i>Less than 24 months</i></p>																								
Limits of Liability:	<table> <thead> <tr> <th><u>Per Conveyance</u></th> <th><u>Per Occurrence</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> \$ 10,000</td> <td><input type="checkbox"/> \$10,000</td> </tr> <tr> <td><input type="checkbox"/> \$ 25,000</td> <td><input type="checkbox"/> \$20,000</td> </tr> <tr> <td><input type="checkbox"/> \$ 50,000</td> <td><input type="checkbox"/> \$25,000</td> </tr> <tr> <td><input type="checkbox"/> \$ 75,000</td> <td><input type="checkbox"/> \$50,000</td> </tr> <tr> <td><input type="checkbox"/> \$100,000</td> <td><input type="checkbox"/> \$75,000</td> </tr> <tr> <td><input type="checkbox"/> \$125,000</td> <td><input type="checkbox"/> \$100,000</td> </tr> <tr> <td><input type="checkbox"/> \$150,000</td> <td><input type="checkbox"/> \$150,000</td> </tr> <tr> <td><input type="checkbox"/> \$175,000</td> <td><input type="checkbox"/> \$200,000</td> </tr> <tr> <td><input type="checkbox"/> \$200,000</td> <td><input type="checkbox"/> \$250,000</td> </tr> <tr> <td><input type="checkbox"/> \$250,000</td> <td><input type="checkbox"/> \$300,000</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Higher Limits :</td> </tr> </tbody> </table>	<u>Per Conveyance</u>	<u>Per Occurrence</u>	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$ 75,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$125,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$175,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> Higher Limits :	
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Current Deductible	<p>() No Program Currently () \$2500</p> <p>() \$500 () \$5000</p> <p>() \$1000</p>																								

Deductible Requested	() \$1000
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	() \$2500 () \$5000
Most Accurate Description of Primary Business Activity	() Household Goods Mover () Freight Forwarder or Freight Broker () Backhauling Exposure for a fleet hauling owned goods () Motor Carrier, other than as described above
Gross Hauling Receipts	<u>Last 12 Months</u> <u>Next 12 Months</u> \$ _____ \$ _____
Number of Scheduled Terminals	None 1 2 3
State of Named Insured's Mailing Address	
Have you ever filed for Bankruptcy?	() YES () NO
Are overages, shortages & damagers pending? If so, please specify and approximate amount	() Yes, the amount at the time of this application is () Less than or equal to \$1000 () More than \$1000 () NO
Do you haul any of the following Commodities?	() YES, I haul one or more () NO I do not haul any of these <ul style="list-style-type: none"> • Apparel & Accessories – Brand Name of an upscale nature • Automobiles, Aircraft or Watercraft of any size • Chemicals, acids, anhydrous ammonia, or explosives • Computer Equipment/Software/Parts • Eggs • Electronic Components • Electronics: Consumer Products (i.e.: Cell phones, stereos, televisions, CD;s etc) • Fine Arts • Hazardous substances in cargo tanks or hopper type vehicles, or in bulk class A & B Explosives, poison, gas, acids or chemicals • Jewelry • Junk, Salvage or Scrap • Liquor (but not beer or wine) • Meat – Hanging/Swinging (but not boxed) • Mobile Homes/Pre-fabricated buildings • Oriental Rugs • Oversize/Overweight Commodities • Radioactive Material (including nuclear medical waste) • Shellfish (but not other seafood) • Tires • Tobacco & Tobacco Products
3 Years Motor Truck Losses	# of losses _____ Amount Paid _____
Driver Requirement: Do <u>all</u> drivers meet the following criteria?	<ul style="list-style-type: none"> • Valid CDL for a minimum of 24 months • No Alcohol violation or drug conviction within the last 36 months • No more than 3 moving violations in the last 36 months • No more than 1 At-Fault accident in last 36 months • Minimum age of 24 • Maximum age of 65 () YES () NO
Policy Term	Effective: _____/_____/_____
Radius of Operation <i>Please enter the approximate % of trips within each radius of operation (total must equal 100%)</i>	Within 50 miles _____% 50-250 miles _____% 251-1000 miles _____% Over 1000 miles _____%

Commodity Analysis	Commodity <u>Description</u>	Avg. Value per <u>Shipment</u>	% of Gross <u>Receipts</u>
-Enter the best description possible of the primary four commodities hailed -Total Percentage of Gross Receipts must equal 100%	1.	\$ _____	_____ %
	2.	\$ _____	_____ %
	3.	\$ _____	_____ %
	4.	\$ _____	_____ %
Management Controls		Yes	No
	Vehicle maintenance program in operation	()	()
	MVR verification for drivers	()	()
	Is there a driver recruiting method	()	()
	Do drivers receive regular physicals	()	()
	Are vehicles equipped with theft alarms	()	()
	Vehicles left unlocked when unattended	()	()
	Are vehicles left loaded overnight	()	()
	Any vehicles operated by others	()	()