

Cargo Application

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF MID-AMERICA
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: _____ To: _____

1. Name (and "dba") _____
☐ Individual/Proprietorship ☐ Partnership ☐ Corporation ☐ Other Business Phone Number _____
2. Premises Address _____ City _____ State _____ Zip _____
3. Garaging Address _____ City _____ State _____ Zip _____
4. Person to contact for inspection (name and phone number) _____
5. Have you ever had insurance with one of the companies listed at the top of this page? ☐ Yes ☐ No
If yes, Policy Number(s) _____ Effective Date(s) _____

DESCRIPTION OF OPERATIONS

6. Describe business _____
Years experience _____ New Venture? ☐ Yes ☐ No
7. Is this your primary business? ☐ Yes ☐ No If no, explain _____
Seasonal? ☐ Yes ☐ No
8. Have you ever filed for Bankruptcy? ☐ Yes ☐ No If yes, when _____ Explain _____
9. Gross receipts last year _____ Estimate for coming year _____ Business for sale? ☐ Yes ☐ No
10. Do you haul for hire? ☐ Yes ☐ No Show largest cities entered: _____
11. Are you a common carrier? ☐ Yes ☐ No Are you a contract hauler? ☐ Yes ☐ No If yes, for whom: _____
12. Do you haul your own cargo exclusively? ☐ Yes ☐ No If not, who owns it? _____
13. Do you pull double trailers? ☐ Yes ☐ No Triple trailers? ☐ Yes ☐ No
14. Do you rent or lease your vehicles to others? ☐ Yes ☐ No If yes, attach a copy of rental or lease agreement form used.
15. Are bodies of all trucks and trailers completely closed and equipped with snap locks? ☐ Yes ☐ No
16. Are trucks equipped with alarms? ☐ Yes ☐ No ☐ Other _____
17. Number of men on trucks? _____ Are loaded trucks ever left unattended? ☐ Yes ☐ No

CARGO INFORMATION

Select type of cargo coverage desired: <input type="checkbox"/> Named Perils <input type="checkbox"/> Broad Form (Not available for all types of cargo)				Limit of Insurance	Deductible
Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value		
				SEE SCHEDULE OF AUTOS/VEHICLES	<input type="checkbox"/> \$500
					<input type="checkbox"/> \$1,000
					<input type="checkbox"/> \$2,500
					<input type="checkbox"/> Other _____

***100% coinsurance clause applies.** If applicant hauls double wide mobile homes, Cargo Limit must be equal to the value of both sides combined to satisfy co-insurance. Amount of insurance on each truck should equal maximum load carried.

18. Additional Coverage Options (additional premium may apply):
☐ Additional Insured Endorsement (Lessee) ☐ Loading and Unloading Coverage ☐ Tow Truck Amendatory Endorsement
☐ Earned Freight Coverage ☐ Refrigeration Breakdown Coverage ☐ Hired Car Cargo Coverage ☐ Exclude Theft Coverage

DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

19. Minimum years driving experience required _____ Are vehicles owner-driven only? ☐ Yes ☐ No
20. Are drivers ever allowed to take vehicles home at night? ☐ Yes ☐ No
21. Do you order MVR's on all drivers prior to hiring? ☐ Yes ☐ No Driver's maximum driving hours ____ daily, ____ weekly
22. Do you agree to report all newly hired operators? ☐ Yes ☐ No

SCHEDULE OF AUTOS/VEHICLES (Describe all vehicles for which application is made for insurance)									
Veh. No.	Model Year	Vehicle Make & Model	Body Type (Truck, Tractor, Trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of rear axles	Principal Garaging Location (City & State)	Radius of Operation	Cargo Limit (If coverage is to attach to vehicle)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

23. Insured desires cargo coverage to attach to ☐ Power Unit ☐ Trailer/Semi-Trailer
24. Will lessor be added as additional insured? ☐ Yes ☐ No If yes, give name and address of lessor for each vehicle _____
25. Number of vehicles owned: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____
26. Number of vehicles leased: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.									
Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Total Premium		Total Amount Claims Paid & Reserves		
From	To						BI/PD	Comp/Coll	Cargo
/ /	/ /								
/ /	/ /								
/ /	/ /								

27. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? ☐ Yes ☐ No If yes, provide complete details _____
28. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? ☐ Yes ☐ No If yes, date and why _____

FILING INFORMATION

29. Is an FHWA filing required? ☐ Yes ☐ No If yes, MC number _____
☐ Common ☐ Contract ☐ Broker Do you require FHWA cargo filing? ☐ Yes ☐ No
30. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____
31. If you are an interstate regulated carrier, identify your Registration or Base State _____
32. Is an intrastate cargo filing needed? ☐ Yes ☐ No If yes, show state and permit number _____
List states for which insured requires CARGO FILINGS (check name on permits) _____
33. Show exact name and address in which permits are issued _____

34. Is our policy to cover all vehicles owned, operated or under lease to applicant? ☐ Yes ☐ No If no, explain _____

35. Is oversize, overweight cargo hauled? ☐ Yes ☐ No

36. Does your authority allow for transportation of hazardous commodities? ☐ Yes ☐ No

37. Do you allow others to haul hazardous commodities under your authority? ☐ Yes ☐ No

38. Have you ever changed your operating name? ☐ Yes ☐ No

Do you operate under any other name? ☐ Yes ☐ No

39. Do you operate as a subsidiary of another company? ☐ Yes ☐ No

40. Do you lease your authority? ☐ Yes ☐ No

Do you appoint agents or hire independent contractors to operate on your behalf? ☐ Yes ☐ No

41. Have you purchased, sold or applied for authority over the past 3 years? ☐ Yes ☐ No

42. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? ☐ Yes ☐ No

43. Is evidence/certificate(s) of coverage required? ☐ Yes ☐ No

44. Please explain any "yes" answer to questions 38 through 43 _____

45. Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers? ☐ Yes ☐ No

If yes, attach a copy of current agreements and complete the following:

(a) With whom has such agreement(s) been made? _____

(b) Under whose permit does each of the parties to the agreement(s) operate? _____

(c) Is there a hold harmless in the agreement(s)? ☐ Yes ☐ No

46. Do you barter, hire or lease any vehicles? ☐ Yes ☐ No If yes, explain _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? ☐ Yes ☐ No If yes, with whom? _____

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 CIVIL FINES AND CRIMINAL PENALTIES.

Witness _____

Applicant's Signature _____

Date _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain: _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

☐ Please quote ☐ Please bind at earliest possible date and issue policy

☐ Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address _____

Phone No. _____