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Motor Truck Cargo Application

Applicant

Name and address of applicant (including all operating names and all subsidiaries):

Revenue

List gross revenue for each of the past 3 years:

19____ \$ _____ 19____ \$ _____ 19____ \$ _____

What is the estimated revenue for the coming year? \$ _____

What percentage of last year's revenue was derived from owned equipment? _____ %

What percentage was derived from non-owned equipment? _____ %

What was annual revenue from merchandise not carried under contract? \$ _____

Carrier

Common Contract Owner of Merchandise Other
 (If contract carrier, attach copy of contract)

Give details of business other than trucking (rigging, installation, dismantling, etc.) _____

Any containerization or piggyback operation? Yes No
 Explain: _____

Is O.S. and D. Dept maintained? Yes No

Indicate O.S. and D. Claims (Open and Paid) each year for past three years:
 19____ \$ _____
 19____ \$ _____
 19____ \$ _____

Which is the length of time the applicant has been in business? _____

Commodity

Principal commodities carried: _____

Do you handle: Furs Yes No
 Liquor Yes No
 Cigarettes or other manufactured tobacco Yes No
 Precious Metals Yes No

¹

What percentage of your business is in these commodities? _____ %
 Do you handle solid loads of any commodity? Yes No
 If yes, what commodities? _____

Do you handle any time-sensitive or temperature-sensitive commodities? Yes No
 If yes, what commodities? _____

List by general class and estimate percentage of gross receipts for each commodity carried:

	%	Avg. Value Load	Max. Value Load		%	Avg. Value Load	Max. Value Load
Bulk Liquids	_____	_____	_____	Heavy Machinery	_____	_____	_____
Wearing Apparel	_____	_____	_____	Produce	_____	_____	_____
Mfg. Tobacco	_____	_____	_____	Eggs	_____	_____	_____
Alcoholic Bev.	_____	_____	_____	Appliances	_____	_____	_____
Pharmaceuticals	_____	_____	_____	Flammable	_____	_____	_____
Elect. Equip	_____	_____	_____	Materials	_____	_____	_____
Meat & Seafood	_____	_____	_____	or Explosives	_____	_____	_____
Frozen Food	_____	_____	_____	Exempt commodities hauled:	_____	_____	_____

Safety Requirements

Are trucks left unattended? Yes No Number of drivers employed? _____
 Are there any drivers under 25 years of age? Yes No If yes, how many? _____
 Is there a safety supervisor? Yes No Full time? Yes No
 A no loss bonus plan? Yes No
 What is the average length of service of drivers? _____
 Are all drivers and helpers regular employees? Yes No
 How many drivers or persons are assigned to each vehicle? _____
 Is the driver required to be present while loading? Yes No

Radius of Operation

Less than 250 mi. _____% 500mi. _____% 750 mi. _____% 1,000 mi. _____% Over 1,000 mi. _____%
 Territory of Operations: _____
 Is merchandise ever transported to another motor truck carrier? Yes No
 Are any vehicles assigned to a particular shipper, carrying that shippers' products only? Yes No
 List below:
 Name: _____ Product: _____
 Name: _____ Product: _____

Equipment

	Owned	Non-Owned		Owned	Non-Owned
St. Trucks open	_____	_____	Pickups	_____	_____
St. Trucks closed	_____	_____	Full Trailers	_____	_____
Tank Trucks	_____	_____	Semi Trailers	_____	_____
Tractors	_____	_____	Refrigerated	_____	_____
Vans	_____	_____	Other	_____	_____

What is the average age of Vehicles? _____
 Condition of owned equipment? Good Fair Poor
 Are trucks equipped with governors? Yes No
 Fire extinguishers? Yes No

Theft Alarms? Yes No

If yes, manufacturer of alarm: _____
Periodically inspected? Yes No How often? _____
By whom? _____

Locations

Give Details Below:

Address	Construction	Total Square Feet	Sprinkler	Burglar Alarm/ Type	Fenced	Watchman	Fire and EC Rate	Avg/Max Value incl. Loaded Vehicles	Limit of Liability
	Framed <input type="checkbox"/> Brick <input type="checkbox"/> Fire Res. <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Framed <input type="checkbox"/> Brick <input type="checkbox"/> Fire Res. <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Framed <input type="checkbox"/> Brick <input type="checkbox"/> Fire Res. <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Are vehicles left loaded overnight at terminals? Yes No Spotted? Yes No

Limits of Liability

Per Vehicle: \$ _____ Per Terminal: \$ _____
Policy Loss Limit: \$ _____

Deductible

Deductible Preferred: \$ _____

Fillings Required

(a) Is ICC filling required? Yes No ICC Docket No.: _____

(b) List states in which fillings are required:

Insurance History

Has any insurer in past 5 years canceled or declined your insurance of this type? Yes No

If yes, explain: _____

Name of present carrier: _____ Years insured with present carrier: _____

Expiration date of present policy: _____

If you carry excess insurance over present insurance, indicate limit(s) and carrier(s): _____

Have any claims been filed or paid under an infidelity bond? Yes No

LOST EXPERIENCE FOR PAST THREE YEARS (ALL LOSSES, INSURED OR NOT)
SHOW LOSSES INCURRED (PAID AND OUTSTANDING)
If Deductible is involved, show gross loss(es) BEFORE application of the Deductible.

	Itemized Losses over \$2,500			Losses Under \$2,500	
	Date of Loss	Cause	Amount	Total Number	Total Amount
Year 19__ Applicable Deductible: \$ _____					
Year 19__ Applicable Deductible: \$ _____					
Year 19__ Applicable Deductible: \$ _____					

Attach hereto specimen copies of your:

- a. bill of lading/shipping receipt
- b. delivery receipt
- c. manifest

Producer

Name _____

Address _____

Signature, Producer

Date

Signature, Applicant

Date