



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
 Ten Granite Street Suite 2
 Quincy, MA 02169
 (617)-471-7171 1-(800) 972-5381 Fax: (617)-471-7180
 xsbrokers.com

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MOTOR TRUCK CARGO
APPLICATION

APPLICANT: _____ PRODUCER: _____

ADDRESS: _____

CITY STATE ZIP

EFFECTIVE DATES - ____/____/____ TO ____/____/____

DESCRIPTION OF BUSINESS: _____

IS I.C.C. FILING NECESSARY? ___ YES ___ NO DOCKET NO. _____

IS STATE FILING NECESSARY? ___ YES ___ NO IF YES, WHAT STATE(S)? _____

DOCKET NO. _____

INTEREST: ___ CARRIERS ___ OWNERS FORM: ___ "ALL RISK" ___ NAMED PERILS

DEDUCTIBLE: _____

VEHICLE SCHEDULE

YR.	MODEL	I.D. OR SERIAL #	BODY TYPE & TONNAGE	LIMIT OF LIAB.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

BLANKET COVERAGE ON ALL VEHICLES OPERATED BY THE INSURED

LIMIT OF LIABILITY PER VEHICLE _____

TERMINAL SCHEDULE/CARRIERS FORM ONLY

LOCATION	FIRE CONTENTS RATE	LIMIT OF LIABILITY
_____	_____	_____
_____	_____	_____
_____	_____	_____

CATASTROPHE LIMIT: _____

WHAT TYPES OF MERCHANDISE ARE CARRIED? _____

DOES THE INSURED CARRY ANY OF THE FOLLOWING?

___ALCOHOLIC BEVERAGES ___TOBACCO PRODUCTS ___MEATS ___SEAFOOD ___FURS ___TUBES OR TIRES

IF ANY ONE IS CHECKED, PLEASE EXPLAIN: _____

TERRITORY OF OPERATIONS: _____

GROSS RECEIPTS FOR LAST 12 MONTHS _____

EXPECTED GROSS RECEIPTS FOR NEXT 12 MONTHS _____

ARE TRUCKS SECURELY LOCKED AT ALL TIMES? ___YES ___NO

ARE PROTECTIVE DEVICES USED? ___YES ___NO DESCRIBE: _____

ARE FIRE EXTINGUISHERS CARRIED ON ALL TRUCKS? ___YES ___NO

HOW OFTEN ARE TRUCKS SERVICED? _____ OVERHAULED? _____

IS WATCHMAN OR BURGLARY PROTECTION AFFORDED AT TERMINALS? ___YES ___NO

DESCRIBE: _____

PRESENT CARRIER: _____

PREVIOUS EXPERIENCE (3 YEARS)

YEAR

AMOUNT OF LOSS

DESCRIPTION

NOTE: PLEASE ATTACH COPY OF BILL OF LADING USED (CARRIERS FORM ONLY)

REMARKS

DATE OF APPLICATION