



Motor Truck Cargo & Trailer Interchange Application

MOTOR TRUCK CARGO AND TRAILER INTERCHANGE APPLICATION

Coverage can be quoted but not bound without a signed Application at time of binding.

MOTOR TRUCK CARGO

APPLICANT INFORMATION

First Named Insured: _____

Mailing Address: _____

Physical Address: _____

Additional Named Insureds: _____

DOT Number: _____ MC Number: _____

State Filings Required? If yes, please specify: _____

Years in Business Under Current Authority: _____

Website Address: _____

Inspection Contact (Name): _____

Telephone: _____

Email: _____

Additional Interests (include names and interest such as loss payee, mortgagee, etc.): _____

GENERAL POLICY INFORMATION

Effective Date/ Expiration Date: _____

Billing (Agency or Direct): _____

Payment Plan: _____

UNDERWRITING INFORMATION

Carrier Type/Receipts:

<input type="checkbox"/> Common Carrier	\$
<input type="checkbox"/> Contract Carrier	\$
<input type="checkbox"/> Freight Brokerage	\$
<input type="checkbox"/> Other (explain)	\$

Principal Commodities Carried Including Percentage of Total:

COMMODITY	PERCENT	MAXIMUM VALUE	AVERAGE VALUE

If any of the following commodities are handled, check ☒ and state Maximum Value in any one load:

<input type="checkbox"/> Aircraft or Watercraft	\$	<input type="checkbox"/> Firearms or Munitions	\$
<input type="checkbox"/> Art	\$	<input type="checkbox"/> Jewelry	\$
<input type="checkbox"/> Automobiles	\$	<input type="checkbox"/> Hazmat	\$
<input type="checkbox"/> Explosives	\$	<input type="checkbox"/> Tobacco Products	\$
<input type="checkbox"/> Pharmaceuticals	\$	<input type="checkbox"/> Cannabis	\$

LIMITS OF LIABILITY

Per Vehicle: \$	Per Occurrence: \$	Deductible: \$
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Refrigeration Breakdown Coverage needed: ☐ Yes ☐ No

If **YES**, Reefer Limit: \$ Deductible: \$

Driver Error Coverage Requested: ☐ Yes ☐ No

Please describe refrigerated trailer maintenance program: _____

Please describe driver training and procedures for refrigerated loads: _____

Please list refrigerated trailer monitoring technology used: _____

Projected and historical data:

PERIOD	Number of Power Units	Gross Receipts	Miles
Current Year			
1 ST Prior			
2 ST Prior			
3 ST Prior			
4 ST Prior			

Radius of Operations							
0-100 Miles	%	100-250 Miles	%	250-500 Miles	%	> 500 Miles	%

TERMINAL COVERAGE

☐ Yes ☐ No If **YES**, complete below:

LOCATION	LOCATION ADDRESS	LIMIT
1		\$
2		\$
3		\$
4		\$
5		\$

TERMINALS CONTINUED

LOCATION	CONSTRUCTION TYPE	SQUARE FOOTAGE	PUBLIC PROTECTION CLASS	SPRINKLERED	SECURITY INFO
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

DRIVER SAFETY AND MAINTENANCE

Is there a full time Safety Director? ☐ Yes ☐ No

Safety Director Name: _____

Are there scheduled formal safety meetings: ☐ Yes ☐ No

How often: _____

Is driver attendance mandatory? ☐ Yes ☐ No

Is there a driver aware or bonus plan? ☐ Yes ☐ No

Is there an accident review board? ☐ Yes ☐ No

Is there a formal safety manual or driver handbook? ☐ Yes ☐ No

If **YES**, please attach with application.

Are driver files reviewed? ☐ Yes ☐ No

How often are MVR's reviewed? _____

What is the minimum age of drivers hired? _____

What are the minimum years of experience for new drivers? _____

Number of drivers under 23 years old? _____ Over 65 years old? _____

Are Owner Operators having the same requirements as company drivers? ☐ Yes ☐ No

Are criminal background checks performed on drivers and employees? ☐ Yes ☐ No

Please submit the following with this application:

- Vehicle schedule
- Drivers list
- Prior carrier loss runs for last 5 years

ADDITIONAL UNDERWRITING INFORMATION

Do you trip lease: ☐ Yes ☐ No If yes, please describe: _____

Do you have brokerage authority: ☐ Yes ☐ No

Do you back haul: ☐ Yes ☐ No Please describe: _____

Do you haul doubles or triples? ☐ Yes ☐ No

Has your Motor Truck Cargo coverage ever been cancelled or non-renewed? ☐ Yes ☐ No

Have you owned or operated under a different name, MC#, or DOT#: ☐ Yes ☐ No

If yes, please explain: _____

PRIOR CARRIER INFORMATION

Year	Carrier	Policy Number	Premium

Loss Experience: Please attach a minimum of 5 years of hard copy loss history.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

TRAILER INTERCHANGE

GENERAL INFORMATION

Does the insured have a written Trailer Interchange Agreement? ☐ Yes ☐ No

If **NO**, without a formal Trailer Interchange Agreement,

is Trailer Bailees Coverage being requested? ☐ Yes ☐ No

Does the Trailer Interchange Agreement address the condition of maintenance of the trailers? ☐ Yes ☐ No

What type of trailers will be covered under Trailer Interchange?

☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Lowboy ☐ Other:

Requested Trailer Interchange limit: _____ Requested Trailer Interchange deductible: _____

Number of trailers requiring Trailer Interchange coverage: _____ Number of trailer days requested: _____

Have there been any Trailer Interchange losses in the past five years? ☐ Yes ☐ No

If **YES**, please describe: _____

***Please note that Motor Truck Cargo and Trailer interchange loss runs are required for the past five years.**

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Applicant

Name: _____

Position: _____

Address (City, State, Zip): _____

Signature: _____

Date: _____

Agent

Name: _____

Position: _____

Address (City, State, Zip): _____

Signature: _____

Date: _____