



AGENCY CUSTOMER ID: \_\_\_\_\_

**TRANSPORTATION SECTION**

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED		

INTEREST		TYPE		OTHER
APPLICANT IS: <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> OTHER <input type="checkbox"/> CONTRACT CARRIER <input type="checkbox"/> SHIPPER OF OWNED PROPERTY		<input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> MOTOR TRUCK CARGO <input type="checkbox"/> LEGAL LIABILITY		<input type="checkbox"/> OPEN <input type="checkbox"/> ANNUAL

**OPERATIONS (Motor truck cargo legal liability on page 2)****TRANSPORTATION**

PROPERTY SHIPPED				POINTS OF ORIGIN		POINTS OF DESTINATION			
TERRITORY				ANNUAL GROSS SALES					
				\$					
CONVEYANCE USED	ANNUAL VALUES SHIPPED AT APPLICANT'S RISK			AVERAGE VALUE PER SHIPMENT	LIMIT OF LIABILITY	BILL OF LADING			
	INCOMING	OUTGOING	INTERPLANT			FULL VALUE	NO	RELEASED VALUE	
CONTRACT CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
COMMON CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
RAIL	\$	\$	\$	\$	\$	YES	NO	\$	
AIR CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
	\$	\$	\$	\$	\$	YES	NO	\$	
OWNED VEHICLES	\$	\$	\$	\$	\$				
TOTAL	\$	\$	\$	\$	\$				
<input type="checkbox"/> SPECIAL FORM <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> INCLUDING THEFT		DEDUCTIBLE		# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRUCKS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED / OPERATED

**VEHICLE SCHEDULE (Attach ACORD 129 if necessary. Attach ACORD 163, Driver Information Schedule.)**

Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED	
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED	

**F.O.B.**

IS CONTINGENT COVERAGE DESIRED ON F.O.B. SHIPMENTS MADE BY THE APPLICANT?  YES  NO

IF "YES", ENTER PERCENTAGE OF ANNUAL GROSS SALES REPRESENTED BY F.O.B. SHIPMENTS. \_\_\_\_\_ %

**GENERAL INFORMATION**

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			6.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			7.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			8.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			9.	DOES APPLICANT BACK HAUL PROPERTY OF OTHERS?		
5.	ANY WATERBORNE SHIPMENTS TO BE COVERED?						

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

MOTOR TRUCK CARGO LEGAL LIABILITY on Page 2

**MOTOR TRUCK CARGO LEGAL LIABILITY**

**OPERATIONS**

PROPERTY HAULED			GROSS RECEIPTS LAST 12 MONTHS				GROSS RECEIPTS NEXT 12 MONTHS			
			\$				\$			
TERRITORY			AVERAGE DISTANCE				MAXIMUM DISTANCE			
LIST TARGET COMMODITIES CARRIED	% OF GROSS REVENUES	MAXIMUM VALUE PER VEHICLE	LIST STATES WHERE FILINGS REQUIRED				DOCKET NO. _____			
							I.C.C. FILING REQUIRED			
	%	\$					DOCKET NO. _____			
	%	\$								
	%	\$								
	%	\$								
	%	\$								
	%	\$								
	%	\$								
			LIMIT OF LIABILITY							
			SINGLE CONVEYANCE		PER DISASTER		LOADING / UNLOADING			
							LIMIT		DEDUCTIBLE	
			\$		\$		\$		\$	
SPECIAL FORM		DEDUCTIBLE	# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRAILERS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED / OPERATED		
NAMED PERILS										
<input type="checkbox"/> INCLUDING THEFT										
<input type="checkbox"/> LOADING / UNLOADING										

**TERMINALS**

LOC. #	ADDRESS (ACORD 125)	AVERAGE VALUE AT TERMINAL	MAXIMUM VALUE AT TERMINAL	LIMIT OF LIABILITY
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**VEHICLE SCHEDULE (Attach ACORD 129 if necessary. Attach ACORD 163, Driver Information Schedule.)**

Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	
		MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	
		MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	

**GENERAL INFORMATION**

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			9.	DO TERMINALS HAVE FIRE PROTECTION (Sprinklers, hoses, etc.)?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			10.	DO TERMINALS HAVE SECURITY SYSTEMS (Guards, alarms, fences, lights, dogs, etc.)?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?						
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			11.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
5.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?			12.	IS THE APPLICANT AN OWNER OPERATOR?		
6.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?			13.	DOES THE APPLICANT HIRE OWNER OPERATORS?		
7.	ARE OVERAGES, SHORTAGES, & DAMAGE CLAIMS PENDING?			14.	DOES THE APPLICANT TRIPLELEASE TO OTHERS?		
8.	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?			15.	DOES THE APPLICANT BACK HAUL PROPERTY OF OTHERS?		

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER