

MOTOR TRUCK CARGO INSURANCE APPLICATION

All questions must be answered fully.
If the answer to any question is negative, write "NONE" or "NO".

1. Name (Firm Title): _____
2. Address (Main Office): _____
3. Nature of Applicant's Business: _____
 Common Carrier Contract Hauler Hauling Own Goods
4. State form desired:
 Carriers - Broad Form Shippers - Broad Form
5. Character of goods hauled (describe fully, avoid such terms as "General Merchandise"): _____

6. Limit of Liability per vehicle: \$ _____; Limit of Liability per disaster: \$ _____
7. Number of Trucks operated: _____; Number of Tractors operated: _____
 Number of Trailers operated: _____; Number of Refer units operated: _____
8. State usual radius of haul (in miles): _____
9. Are any long-distance hauls made? _____ If so, please advise **HOW OFTEN** and **AVERAGE DISTANCE (IN MILES)**:

10. What percentage of hauling is done? During Daylight: _____ At night: _____
11. Gross Receipts (Collected or Uncollected) from trucking operations during past twelve months: _____
12. Present Insurer: _____ Insurer past three years: _____
13. Has any company cancelled or refused to issue any insurance or to continue insurance for you? _____ If so, give details:

14. State losses sustained during past 3 years (whether insured or otherwise) indicating CAUSE and AMOUNT OF EACH:

15. A. Are bodies entirely enclosed and equipped with locks? _____ (Please describe):

 B. Are trucks equipped with a special burglar or hold-up alarm system? _____ (Please describe):

16. A. How many men on each truck? _____; B. Are they regular employees? _____; C. Are they bonded? _____
 If so, give the name of Bonding Company: _____
 D. Are they penalized for shortages? _____; E. State form of penalty: _____
 F. Are they equipped with firearms? _____
17. State deductible required: \$ _____

18. A. What liability, if any, is assumed by applicant for merchandise in applicant's custody or control? _____
 B. Are receipts issued? _____ C. Do receipts state extent of liability assumed? _____
19. How often are trucks and trailers; A. Inspected: _____ B. Overhauled: _____
20. If coverage is desired in depots or premises where trucks are usually kept, answer the following for each location:
 (Yes or No) Sprinklered: _____ Limit Desired: \$ _____ Fire Cont. Rate: _____
- A. 1. Street Address: _____
 2. Street Address: _____
 3. Street Address: _____
- B. Are all doors, windows and other openings locked and barred when premises are unattended? _____
 (Describe): _____
 Type of Fencing: _____
- C. Watchman? _____ Register on clock or central station hourly? _____
- D. Is merchandise loaded on trucks or platform? _____
- E. Maximum Value Merchandise each location any one time in Terminal building: \$ _____
 Outside of Terminal: \$ _____
- F. Perils to be insured against at location: _____
21. Is any State or Interstate Commerce Commission endorsement required? (Give Docket No.): _____
22. From what date is insurance required: _____

QUESTIONS TO BE ANSWERED BY AGENT OR BROKER

1. How long have you known applicant? _____
2. How long has applicant been in business? _____
3. Did you receive the order for insurance direct from applicant? _____
4. STATE AS TO YOUR KNOWLEDGE OF THE CHARACTER AND FINANCIAL RESPONSIBILITY BY THE APPLICANT:

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

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.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____	Date: _____
Print Name: _____	Title: _____