



Cargo AdvantageSM Application
 (Motor Truck Cargo Carrier's Liability)

Applicant Information

Insured Name _____		
Address _____		
City _____	State _____	Zip _____
Contact Name _____	Phone Number _____	
Email Address _____	Website Address _____	
Years In Business _____ <i>(under current authority)</i>	DOT # _____	State Authority # _____
Effective Date _____	Expiration Date _____	
Present Carrier _____	Premium/Rate _____	
	Yes	No
Has cargo coverage been cancelled or non-renewed in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain _____		
Has applicant filed bankruptcy within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , explain _____		
Has applicant had authority under a different name in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes Name of prior authority _____		
DOT# of prior authority _____		

Type of Operation (Check all that apply)

<input type="checkbox"/> Automobile Hauler _____ %	<input type="checkbox"/> Flat Bed _____ %	<input type="checkbox"/> Oversized/Overweight _____ %
<input type="checkbox"/> Containerized Freight _____ %	<input type="checkbox"/> Household Goods _____ %	<input type="checkbox"/> Refrigerated Freight _____ %
<input type="checkbox"/> Courier _____ %	<input type="checkbox"/> LTL (Less Than Truckload) _____ %	<input type="checkbox"/> Truckload _____ %
<input type="checkbox"/> Dry Van/Box _____ %	<input type="checkbox"/> Mobile Home Hauler _____ %	<input type="checkbox"/> Wrecker/Towing _____ %
	Yes	No
Does applicant haul double trailers?	<input type="checkbox"/>	<input type="checkbox"/>

Type of Carrier

<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Contract Carrier	<input type="checkbox"/> Freight Broker
<input type="checkbox"/> Freight Forwarder	<input type="checkbox"/> Owner Operator or Subhauler	

Owner Operator or Subhauler

	Yes	No
Does applicant accept loads as an owner operator or subhauler under written lease agreements with other motor carriers?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , do agreements require applicant to reimburse or indemnify the other motor carriers for direct physical loss to covered property?	<input type="checkbox"/>	<input type="checkbox"/>

Trip Lease and Broker Loads

Yes No

Does applicant trip lease loads to others? If yes, _____% of annual revenue OR _____# of trips annually.	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant trip lease loads from others? If yes, _____% of annual revenue OR _____# of trips annually.	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant broker loads to others? If yes, _____% of annual revenue OR _____# of trips annually.	<input type="checkbox"/>	<input type="checkbox"/>

Cargo Filings Required

BMC 34 State(s) _____

Limits of Insurance

\$ _____ on any one vehicle in transit \$ _____ any one loss

Terminals *(list terminal location(s) if coverage is desired)*

Limit	Terminal Location Address	Building Construction Type
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Specific Shippers *(requiring increased limits of insurance)*

Shipper Name	Limit of Insurance – Any one loss	Limit of Insurance – Any one vehicle
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Additional Coverages

Included amounts shown. To request higher amounts, enter total requested amounts in right column.

	Included Amounts	Amounts Requested
Debris Removal, Towing, Traffic Control & Security	\$ 5,000	
Reloading Expense	\$ 5,000	
Pollutant Clean Up	\$ 10,000	
Earned Freight Charges	\$ 10,000	
Fire Department Service Charges	\$ 10,000	
Loss Data Preparation	\$ 1,000	
Reward Coverage	\$ 2,500	

Optional Coverages

<input type="checkbox"/> Refrigeration Breakdown	
<input type="checkbox"/> Owner Operator or Subhauler under Contract or Lease to a Motor Carrier	
<input type="checkbox"/> Owners Goods Extension	Annual Values Shipped \$ _____ Commodities Shipped _____ Average Radius _____ miles
<input type="checkbox"/> Non-Owned Container and Trailer Interchange	Limits of Insurance \$ _____ in any one loss, but not more than \$ _____ on any one container or trailer _____ % of loads for which the applicant uses containers or trailers where applicant has assumed liability for physical damage to the containers or trailers OR _____ average number of containers and trailers for which the applicant has assumed liability for physical damage to the containers or trailers
<input type="checkbox"/> Reusable Packing Containers	\$ _____
<input type="checkbox"/> Tarps, Chains and Moving Equipment	\$ _____
<input type="checkbox"/> Livestock Downgrading Coverage	

Deductibles

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000 Other _____

Refrigeration Breakdown	\$ _____
Non-Owned Container and Trailer Interchange	\$ _____
Reusable Packing Containers	\$ _____
Tarps, Chains and Moving Equipment	\$ _____

Operations Information/Details

Annual Gross Receipts

*(Include **past 3 years** of gross mileage and gross receipts, including uncollected; only freight forwarders and transportation brokers exclude amounts passed on to carriers.)*

Year	Gross Mileage (IFTA Reports)	Gross Receipts
_____	_____ miles	\$ _____
_____	_____ miles	\$ _____
_____	_____ miles	\$ _____
Next 12 months estimated:	_____ miles	\$ _____

Loss Experience (past 3 years)

Any losses within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Hard Copy Loss Runs Attached?				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
Policy Period	Amount Paid	# Claims	Cause(s) of Loss	Open Claim?	
	\$ _____			Yes	No
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>

Major Customers

Major Customers	% of Gross Mileage	Commodities Hauled	Average Load Value	Maximum Value
	_____ %			
	_____ %			
	_____ %			
	_____ %			
	_____ %			

Temperature Control required on _____ % of hauls; commodities _____

Rigging required on _____ % of hauls; commodities _____

Principal cities served _____

Released Value (Tariff or Contract) applies to _____ % of hauls; commodities _____

Value is reduced to \$ _____ per pound; \$ _____ per item; \$ _____ per load.

Increased (above standard) Valuation applies to _____ % of hauls; valuation basis? _____

Commodities _____

Salvage Rights are retained by the customer on _____ % of hauls; commodities _____

Radius of Operations

_____ % 150 miles or less	_____ % 151 to 300 miles	_____ % 301 to 500 miles	
_____ % 501 to 1,000 miles	_____ % over 1,000 miles		

Theft Exposure Prevention

Are vehicles EVER left Loaded and Unattended?		Yes	No
If yes, please describe _____		<input type="checkbox"/>	<input type="checkbox"/>
Does applicant EVER leave Loaded Trailers Detached from power units?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe _____			
What security is provided for loaded vehicles? (check all that apply)			
At locations	<input type="checkbox"/> Fenced Lot	<input type="checkbox"/> Security Guards	<input type="checkbox"/> Cameras
	<input type="checkbox"/> Kingpin Locks	<input type="checkbox"/> Vehicle Theft Alarms	<input type="checkbox"/> In Locked Building
In transit	<input type="checkbox"/> GPS Device	<input type="checkbox"/> Armed Guard in Vehicle	
	<input type="checkbox"/> Vehicle Theft Alarm	<input type="checkbox"/> Other _____	

Applicant's Driver Guidelines *(indicate each that apply)*

Drivers are employed _____ % full time _____ % part time

Drivers receive physicals annually bi-annually other _____

What percent of drivers have an annual random test for drugs? _____ % for alcohol? _____ %

	Yes	No
Are MVRs obtained on all drivers at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
Are drivers bonded?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant use owner operators?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, # _____ now; contract period: # _____ per trip; # _____ per month; # _____ annual

Average length of drivers service is _____ years; Annual driver turnover is _____ %

Drivers are screened by *(check all that apply)*:

Drug and alcohol test Minimum experience _____ years

Minimum age _____ years

Driving road test Maximum age _____ years

Number of moving violations *(maximum number in past 3 years)* _____

Other _____

Schedule of Drivers *(complete below or see attached schedule)*

Driver's Name	Date of Birth	Drivers License Number	Years of Experience	Employment Date	# viol's/accd's past 3 years

Safety & Maintenance

	Yes	No
Is there a formal Safety Program in place?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe _____		
Details of Maintenance Program, <i>(i.e., frequency, performed by whom, etc.)</i>		

Schedule of Power Units *(complete below or attach a schedule)*

Year	Make	VIN	Limit

Schedule of Refrigerated Trailers *(complete below or attach a schedule)*

Trailer Year	Make	VIN	Age of Refrigeration Equipment	Limit

Details of Refrigeration Maintenance Program

Attachments

<input type="checkbox"/> Financials	<input type="checkbox"/> IFTA Mileage	<input type="checkbox"/> Loss Summary	<input type="checkbox"/> Schedule of Drivers
<input type="checkbox"/> Schedule of Power Units	<input type="checkbox"/> Schedule of Refrigeration Trailers		
<input type="checkbox"/> Other _____			

Commodities Hauled

Enter % of each commodity hauled. If the applicant hauls commodities not listed below, please describe under Other commodity or attach list.

Commodity % of Total	Commodity	Commodity
Air Conditioning equipment _____ %	Electronics – Consumer _____ %	Oversized or Overweight Items _____ %
Air Freight (FedEx, US Mail, UPS, etc.) _____ %	Farm Machinery _____ %	Paper, Paper Products & Printed Matter _____ %
Aircraft Engines _____ %	Feed _____ %	Perfume _____ %
Aircraft Parts (not engines) _____ %	Fertilizer (Bagged) _____ %	Petroleum Products _____ %
Appliances (Major) _____ %	(In Bulk) _____ %	Pharmaceuticals (over the counter) _____ %
Appliances (Small) _____ %	Fiber Optic cable _____ %	Pharmaceuticals (prescriptions & controlled)* _____ %
Auto accessories/parts (not tires) _____ %	Fine Arts* _____ %	Photographic/Sound/Video (equipment) _____ %
Automobiles _____ %	Firearms _____ %	(CDs, DVDs, Film, Tapes) _____ %
Automobiles – Wrecker Service _____ %	Flour _____ %	Pianos _____ %
Asphalt (Liquid) _____ %	Flowers (cut or fresh) _____ %	Pine Needles _____ %
Baked Goods _____ %	Food (Frozen/not seafood) _____ %	Plants, Shrubs & Trees _____ %
Batteries _____ %	Furniture (new) _____ %	not temp controlled _____ %
Beverages - Beer _____ %	Furniture (used) or household goods - movers _____ %	temp controlled _____ %
- Liquor _____ %	Glass _____ %	Plastic Products _____ %
- Soft Drinks _____ %	Golf Carts _____ %	Plumbing Supplies _____ %
- Wine _____ %	General Dry Freight (mixed loads; max 15%) _____ %	Poultry (not live) _____ %
Blood/Organs/Tissues* _____ %	Grain _____ %	Precious Metals & Alloys* _____ %
Boats _____ %	Gravel & Rock _____ %	Produce _____ %
Bottles - Glass _____ %	Groceries (other than frozen food and produce) _____ %	Railroad & Garden Ties _____ %
Bottles - Plastic _____ %	Hay _____ %	Recreational Vehicles _____ %
Building Materials _____ %	Hardware _____ %	Red Label Placard shipments (other _____ %
Bullion* _____ %	Ice Cream _____ %	than petroleum, fertilizer & asphalt) _____ %
Butter _____ %	Iron (raw or coils) _____ %	Rigging (property requiring) _____ %
Candy _____ %	Jewelry & Jewels* _____ %	Rubber products (not tires) _____ %
Canned Goods _____ %	Juice _____ %	Salt (in bulk) _____ %
Carpet (not Oriental Rugs) _____ %	Livestock (up to 300 Miles) _____ %	Sand (in bulk) _____ %
Caskets _____ %	Livestock (300+ Miles) _____ %	Seafood (fresh) _____ %
Cement _____ %	Logs _____ %	Seafood (frozen) _____ %
Cheese _____ %	Lumber _____ %	Securities (including Checks and Transit Letters)* _____ %
Chemicals (other than red label placard) _____ %	Machinery (light/non-precision in dry van) _____ %	Solar Panels _____ %
China/glassware/pottery _____ %	Machinery (light/non-precision on flat bed) _____ %	Spas/Hot Tubs – Personal _____ %
Cigarettes/Cigars & tobacco products* _____ %	Machinery (heavy or precision) _____ %	Spas/Hot Tubs – Commercial _____ %
Clothing & shoes (not listed below) _____ %	Magnetic Resonance Imaging Units (MRI) _____ %	Sporting Goods _____ %
- Athletic _____ %	Medical Diagnostic Equipment (\$25,000 or less) _____ %	Steel (Raw or Coils) _____ %
- Blue Jeans _____ %	Medical Diagnostic Equipment (over \$25,000) _____ %	Stone Products (marble, etc.) _____ %
- Furs* _____ %	Meat (boxed) _____ %	Swimming Pools _____ %
- Designer _____ %	Meat (swinging) _____ %	Tar _____ %
- Tee Shirts _____ %	Memorabilia/Collectibles _____ %	Textiles _____ %
Coal _____ %	Metals (non-ferrous) _____ %	Tires _____ %
Construction Equipment _____ %	Metal Products (Finished) _____ %	Tobacco (Raw/unmanufactured)* _____ %
Containerized Freight _____ %	Milk _____ %	Tools _____ %
Copper _____ %	Mobile Homes _____ %	Top Soil & Fill _____ %
Cosmetics _____ %	Money* _____ %	Toys & Crafts _____ %
Cotton _____ %	Motorcycles _____ %	Transformers _____ %
Department Store Merchandise _____ %	Mulch _____ %	Trash/Garbage _____ %
- Mixed Loads (Walmart, Target, Amazon, etc.) _____ %	Musical instruments (other than pianos) _____ %	Turbines _____ %
- Mixed Loads (Macy's, Belks, Nordstrom's, etc.) _____ %	Office Equipment _____ %	Wire (not fiber optic or copper) _____ %
Eggs _____ %	Ore _____ %	Wood Products (other than furniture & caskets) _____ %
Electrical Parts & Supplies _____ %	Oriental Rugs _____ %	
	Other _____ %	
	Describe _____	

*This commodity is NOT Covered Property in the standard, unendorsed Cargo Advantage Coverage Form. For a complete list of Property Not Covered, see Cargo Advantage Coverage Form, Paragraph A. 2.

Fraud Warnings

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, 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/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, 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 policy-holder 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 CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: 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.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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 NY: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

Fraud Warnings Continued

Applicable in 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.

Applicable in other states: Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

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.

Signature of Applicant _____

Signature of Insurance Broker/Agent _____

Print Name _____

Print Name _____

Title _____

Title _____

Date _____

Date _____

State Producer License Number _____

National Producer Number _____