

# AGENTS INSURANCE MARKETS

P.O. BOX 71360  
RICHMOND, VA 23255-1360 IMCO

## MOTOR TRUCK CARGO APPLICATION MANDATORY (COMPLETE ALL QUESTIONS)

### A. GENERAL INFORMATION

Name \_\_\_\_\_  
(Exactly as it appears on I.C.C. & State Filings)

Address \_\_\_\_\_  
(P.O. Box or R. i.) (Complete Street Address) (City) (County) (State) (Zip)

Telephone No. Office \_\_\_\_\_ Home \_\_\_\_\_  
(Include Area Code)

Type of Carrier: Contract  Private  Leased  Common

Leases (describe to whom) \_\_\_\_\_  Trip  Long Term

Owner of Merchandise \_\_\_\_\_

Is the regular ICC Bill of Lading Issued? Yes  No  If not, attach copy of Bill of Lading used. (Describe) \_\_\_\_\_

Length of time in Business \_\_\_\_\_ Has any company ever cancelled or refused to issue similar insurance \_\_\_\_\_ If so, explain: \_\_\_\_\_

### B. TYPE OF MERCHANDISE HAULED: (Avoid such terms as "general merchandise." State approximate percentage of aggregate and maximum load value. (100% co-insurance applies. Be certain amount of insurance equals maximum load value.)

COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE
Alcoholic Liquors (Wines & Beer)			Fruit & Produce			Oilfield Equipment		
Appliances			Frozen & Iced			Paper Products		
Auto Haulers			Furniture (mfgd.)			Pipe, Steel, PVC		
Auto Parts			Gas, Oil, Bulk			Poultry (live)		
Boats (make)			Grain, Rice, Soy			Poultry - refrigerated &/or dressed		
Building Materials			Livestock, Sheep, Hogs			Seafood (general)		
Candy			Lumber, Ply, Panel			Shrimp, Crabs, Oysters		
Canned Goods			Merchandise (gen.)			Scallops		
Chemicals			Machinery			Steel, Iron		
Clothing (mfgd.)			Meat-packaged or swinging			Steel Products		
Cotton (bailed)			Milk, Cream			Textile (cloth)		
Eggs (shell)			Mobile Homes (sngl.)			Tires-new &/or used		
Electronic Goods			Mobile Homes (dbl.)			Tobacco (hogshead)		
Farm Products (non-perishable)			Nuts - domestic or imported			Tobacco (leaf)		
Fertilizers						Tobacco Products		
						Toys		

AVERAGE VALUE PER LOAD \$ \_\_\_\_\_ % MAXIMUM VALUE PER LOAD \$ \_\_\_\_\_ %

### C. LOSS EXPERIENCE - (MUST BE FULLY COMPLETED)

COMPANY & POLICY NO.	PERIOD FROM - TO	PREMIUM	NO. CLAIMS	CAUSE OF LOSS	PAID	RESERVES

### D. SCHEDULE OF EQUIPMENT: (or attach separate list)

Total Leased Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Trucks \_\_\_\_\_ Other \_\_\_\_\_

Total Owned Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Trucks \_\_\_\_\_ Other \_\_\_\_\_

YEAR MODEL	TRADE NAME	TYPE OF BODY (Ref. unit, open, closed and/or locked)	MOTOR OR SERIAL NO.	TONNAGE	MILEAGE RADIUS	AMOUNT OF CARGO INSURANCE

**E. DO OPERATIONS EXTEND INTO OR THROUGH ANY OF THE FOLLOWING? IF SO, CHECK APPROPRIATE CITY:**

- |  |   |   |  |                                     |
|--|---|---|--|-------------------------------------|
| <input type="checkbox"/> Albany                            | <input type="checkbox"/> Cincinnati         | <input type="checkbox"/> Jersey City    | <input type="checkbox"/> Minneapolis   | <input type="checkbox"/> St. Louis  |
| <input type="checkbox"/> Atlanta                           | <input type="checkbox"/> Cleveland          | <input type="checkbox"/> Kansas City    | <input type="checkbox"/> Montreal      | <input type="checkbox"/> Toronto    |
| <input type="checkbox"/> Baltimore                         | <input type="checkbox"/> Dallas             | <input type="checkbox"/> Los Angeles    | <input type="checkbox"/> Nashville     | <input type="checkbox"/> Tulsa      |
| <input type="checkbox"/> Birmingham                        | <input type="checkbox"/> Denver             | <input type="checkbox"/> Louisville     | <input type="checkbox"/> New Orleans   | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Boston                            | <input type="checkbox"/> Detroit            | <input type="checkbox"/> Memphis        | <input type="checkbox"/> New York      | <input type="checkbox"/> Youngstown |
| <input type="checkbox"/> California<br>(Excl. L.A. & S.F.) | <input type="checkbox"/> D.C.               | <input type="checkbox"/> Metro-New York | <input type="checkbox"/> Oregon        | <input type="checkbox"/> _____      |
| <input type="checkbox"/> Chattanooga                       | <input type="checkbox"/> Houston            | <input type="checkbox"/> Miami          | <input type="checkbox"/> Philadelphia  | <input type="checkbox"/> _____      |
| <input type="checkbox"/> Chicago                           | <input type="checkbox"/> Jacksonville, Fla. | <input type="checkbox"/> Milwaukee      | <input type="checkbox"/> San Francisco | <input type="checkbox"/> _____      |

**F. PROTECTION:**

Is each unit equipped with fire extinguishers? Yes  No   
 Are bodies of all trucks and trailers completely closed and equipped with snap locks? Yes  No   
 Are trucks equipped with Babaco Alarms? Yes  No  Other (describe) \_\_\_\_\_  
 Number of men on trucks \_\_\_\_\_ Are loaded trucks ever left unattended Yes  No   
 Are drivers bonded? Yes  No

**G. GROSS RECEIPTS OR GROSS MILEAGE (State Which):**

DATES		COMPANY OWNED	LEASED
From	To		
From	To		
From	To		
Estimate, current year?			

**H. IF TERMINAL COVERAGE IS DESIRED, COMPLETE THE FOLLOWING OR ATTACH LIST.**

DESCRIBE LOCATION	100% F&EC CTS. RATE	BLDG. CONST.	FENCED	LIMIT

**I. ADDITIONAL COVERAGES:**

Indicate yes or not whether the following additional coverages are required:

- |  |                               |
|--|-------------------------------|
| (a) Theft of entire shipping package _____ | (b) Earned Freight _____      |
| (c) Refrigeration Breakdown _____          | (d) Bill of Lading Form _____ |
| (e) Loading and Unloading _____            | (f) _____                     |

**J. FILINGS:-**

List states for which insured has CARGO PERMITS (Check name on permits) \_\_\_\_\_  
 \_\_\_\_\_  
 Is ICC Filing required? \_\_\_\_\_ ICC Docket Number \_\_\_\_\_

**K. TERM:** Effective from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_.

**L. MISCELLANEOUS** \_\_\_\_\_  
 \_\_\_\_\_

The applicant's signature hereunder constitutes authorization of the Agency indicated hereunder to secure and place this insurance coverage on his behalf. This abrogates all authorization given prior to the date indicated hereon. It is agreed that the answers and information contained here-in shall constitute agreements should a policy be issued.

Agency \_\_\_\_\_

Address \_\_\_\_\_

(Signature of Applicant)

(Street and Number)

Time \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

(City)

(State)