



Applicant \_\_\_\_\_ Tax ID or SS No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Coverage Effective Date Years in Business Have you ever filed reorganization or bankruptcy?  YES  NO

**TYPE CARRIER** (Check one or more)  
 Common  Owner of Cargo  Piggyback or Container  Contract  Other (Specify) \_\_\_\_\_

**COVERAGE** (Check one or more)  
 All Risk  Named Perils  Loading/Unloading  Collision of load  Reporting  Reefer  Other **DEDUCTIBLE** **DEDUCTIBLE REEFER**

**EQUIPMENT**(Power Units) Note: Coverage applies to cargo on any trailer only while attached to an insured tractor.  
 Total Owned: Tractors \_\_\_\_\_ Trucks \_\_\_\_\_ Other \_\_\_\_\_  
 Total Leased: Tractors \_\_\_\_\_ Trucks \_\_\_\_\_ Other \_\_\_\_\_

**LIMITS DESIRED** Per Vehicle \_\_\_\_\_ Per Occurrence \_\_\_\_\_

**RADIUS** \_\_\_\_\_ 0-50 \_\_\_\_\_ 50-300 \_\_\_\_\_ 300-1000 \_\_\_\_\_ Unlimited

**COMMODITIES**

%	Type	Avg	Max	%	Type	Avg	Max

**GROSS RECEIPTS (3 YEARS)**

20 \_\_\_\_\_  
 20 \_\_\_\_\_  
 20 \_\_\_\_\_

Estimate Current Year \_\_\_\_\_

DOES CANAL WRITE OTHER COVERAGES  YES  NO  
 LIST POLICY NUMBERS \_\_\_\_\_  
 Has your insurance ever been cancelled by another company?  
 NO  YES WHEN \_\_\_\_\_ WHY \_\_\_\_\_

**EXPERIENCE** - If over 10 units, attach current insurer loss runs.

Policy Term From	To	Company and Policy No.	Premium	No. of Claims	Cause of Loss	Amount Paid

**FILINGS**

Filings Required	Docket or Permit Number	Name & Address Exactly as appears on each Permit

**COMMENTS** \_\_\_\_\_

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

Some states require specific fraud warning notices. These warning notices appear on the reverse side of this application. If your state is listed, it is extremely important that you read your applicable notice.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE DATE

AGENT NAME \_\_\_\_\_

AGENT ADDRESS \_\_\_\_\_

SIGNATURE OF AGENT OF APPLICANT \_\_\_\_\_  
 DATE

**THIS IS NOT A BINDER**

