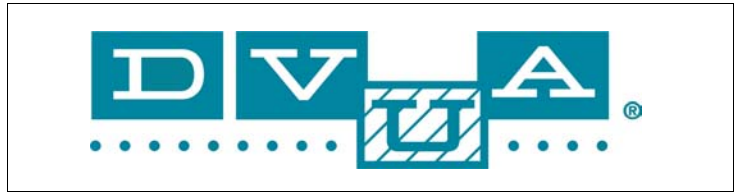


# Cargo Application

COLUMBIA INSURANCE COMPANY  
 NATIONAL FIRE & MARINE INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY  
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA  
 NATIONAL INDEMNITY COMPANY OF THE SOUTH  
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY



Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

- Name (and "dba") \_\_\_\_\_  
 Individual/Proprietorship  Partnership  Corporation  Other Business Phone Number \_\_\_\_\_
- Premises Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Garaging Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Person to contact for inspection (name and phone number) \_\_\_\_\_
- Have you ever had insurance with one of the companies listed at the top of this page?  Yes  No  
 If yes, Policy Number(s) \_\_\_\_\_ Effective Date(s) \_\_\_\_\_

## DESCRIPTION OF OPERATIONS

- Describe business \_\_\_\_\_  
 Years experience \_\_\_\_\_ New Venture?  Yes  No
- Is this your primary business?  Yes  No If no, explain \_\_\_\_\_  
 Seasonal?  Yes  No
- Have you ever filed for Bankruptcy?  Yes  No If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
- Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_ Business for sale?  Yes  No
- Do you haul for hire?  Yes  No Show largest cities entered: \_\_\_\_\_
- Are you a common carrier?  Yes  No Are you a contract hauler?  Yes  No If yes, for whom: \_\_\_\_\_
- Do you haul your own cargo exclusively?  Yes  No If not, who owns it? \_\_\_\_\_
- Do you pull double trailers?  Yes  No Triple trailers?  Yes  No
- Do you rent or lease your vehicles to others?  Yes  No If yes, attach a copy of rental or lease agreement form used.
- Are bodies of all trucks and trailers completely closed and equipped with snap locks?  Yes  No
- Are trucks equipped with alarms?  Yes  No  Other \_\_\_\_\_
- Number of men on trucks? \_\_\_\_\_ Are loaded trucks ever left unattended?  Yes  No

CARGO INFORMATION					Limit of Insurance	Deductible
Select type of cargo coverage desired: <input type="checkbox"/> Named Perils <input type="checkbox"/> Broad Form (Not available for all types of cargo)					<b>SEE SCHEDULE OF AUTOS/VEHICLES</b>	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other _____
Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value			

**\*100% coinsurance clause applies.** If applicant hauls double wide mobile homes, Cargo Limit must be equal to the value of both sides combined to satisfy co-insurance. Amount of insurance on each truck should equal maximum load carried.

- Additional Coverage Options (additional premium may apply):  
 Additional Insured Endorsement (Lessee)  Loading and Unloading Coverage  Tow Truck Amendatory Endorsement  
 Earned Freight Coverage  Refrigeration Breakdown Coverage  Hired Car Cargo Coverage  Exclude Theft Coverage

## DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

**PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.**

19. Minimum years driving experience required \_\_\_\_\_ Are vehicles owner-driven only?  Yes  No
20. Are drivers ever allowed to take vehicles home at night?  Yes  No
21. Do you order MVR's on all drivers prior to hiring?  Yes  No Driver's maximum driving hours \_\_\_\_ daily, \_\_\_\_ weekly
22. Do you agree to report all newly hired operators?  Yes  No

**SCHEDULE OF AUTOS/VEHICLES (Describe all vehicles for which application is made for insurance)**

Veh. No.	Model Year	Vehicle Make & Model	Body Type (Truck, Tractor, Trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of rear axles	Principal Garaging Location (City & State)	Radius of Operation	Cargo Limit (If coverage is to attach to vehicle)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

23. Insured desires cargo coverage to attach to  Power Unit  Trailer/Semi-Trailer
24. Will lessor be added as additional insured?  Yes  No If yes, give name and address of lessor for each vehicle \_\_\_\_\_
25. Number of vehicles owned: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_
26. Number of vehicles leased: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_

**LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.**

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Total Premium	Total Amount Claims Paid & Reserves		
From	To					BI/PD	Comp/Coll	Cargo
/ /	/ /							
/ /	/ /							
/ /	/ /							

27. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_
28. Have you ever been declined, cancelled or nonrenewed for this kind of insurance?  Yes  No If yes, date and why \_\_\_\_\_

**FILING INFORMATION**

29. Is an FHWA filing required?  Yes  No If yes, MC number \_\_\_\_\_  
 Common  Contract  Broker Do you require FHWA cargo filing?  Yes  No
30. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations \_\_\_\_\_
31. If you are an interstate regulated carrier, identify your Registration or Base State \_\_\_\_\_
32. Is an intrastate cargo filing needed?  Yes  No If yes, show state and permit number \_\_\_\_\_  
List states for which insured requires CARGO FILINGS (check name on permits) \_\_\_\_\_
33. Show exact name and address in which permits are issued \_\_\_\_\_

34. Is our policy to cover all vehicles owned, operated or under lease to applicant?  Yes  No If no, explain \_\_\_\_\_
35. Is oversize, overweight cargo hauled?  Yes  No
36. Does your authority allow for transportation of hazardous commodities?  Yes  No
37. Do you allow others to haul hazardous commodities under your authority?  Yes  No

38. Have you ever changed your operating name?  Yes  No Do you operate under any other name?  Yes  No
39. Do you operate as a subsidiary of another company?  Yes  No
40. Do you lease your authority?  Yes  No Do you appoint agents or hire independent contractors to operate on your behalf?  Yes  No
41. Have you purchased, sold or applied for authority over the past 3 years?  Yes  No
42. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)?  Yes  No
43. Is evidence/certificate(s) of coverage required?  Yes  No
44. Please explain any "yes" answer to questions 38 through 43 \_\_\_\_\_

45. Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers?  Yes  No

If yes, attach a copy of current agreements and complete the following:

- (a) With whom has such agreement(s) been made? \_\_\_\_\_
- (b) Under whose permit does each of the parties to the agreement(s) operate? \_\_\_\_\_
- (c) Is there a hold harmless in the agreement(s)?  Yes  No
46. Do you barter, hire or lease any vehicles?  Yes  No If yes, explain \_\_\_\_\_

### MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed?  Yes  No If yes, with whom? \_\_\_\_\_

Witness \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? \_\_\_\_\_ If not, explain: \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

#### REQUEST TO COMPANY GENERAL AGENT:

Please quote  Please bind at earliest possible date and issue policy

Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address \_\_\_\_\_

Phone No. \_\_\_\_\_



**Delaware Valley Underwriting Agency, Inc.**

**ADDENDUM TO APPLICATION**

Insured's/Applicant's Name: \_\_\_\_\_

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

**I have read and accept the above (To be signed by the Insured/Applicant)**

\_\_\_\_\_  
Insured/Applicant Signature

\_\_\_\_\_  
Date