



National Cargo - Motor Truck Cargo Application Scheduled Vehicle Policy

v8.13PAQ

AGENCY INFORMATION

Agency Name: _____ Producer Code: _____
 Address: _____
 City: _____ State: _____ Zip: _____

APPLICANT INFORMATION

Applicant: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____ Phone Number: _____
 Years In Business: _____ DOT #: _____ State Authority #: _____
 (under current authority)
 Effective Date: _____ Expiration Date: _____
 Action: Quote Issue
 Does agent currently write this account? Yes No
 Present Carrier: _____ Premium/Rate: _____
 Has cargo coverage been cancelled or non-renewed in the past 3 years? Yes No
 Has applicant filed bankruptcy within the past 3 years? Yes No
 Has applicant had authority under a different name in the past 3 years? Yes No
 If yes: Name of prior authority: _____
 DOT# of prior authority: _____

TYPE OF OPERATION - (Check all that apply)

Dry Van / Box Refrigerated Freight Household Goods
 Flat Bed Oversized / Overweight Double Trailers
 Automobile Hauler Containerized Freight Mobile Home Hauler

TYPE OF CARRIER

Common Carrier Contract Carrier Freight Forwarder Freight Broker

FILINGS REQUIRED

FMCSA / BMC 34 State(s): _____

RADIUS OF OPERATIONS

_____ % under 300 miles _____ % 301 to 500 miles _____ % 501 to 1,500 miles _____ % over 1,500 miles
TARGET CITIES: (check all that apply) (based or transported to or from-more than 10 times / calendar year)
 Los Angeles, CA New York, NY Newark, NJ Miami, FL Chicago, IL

LIMITS OF INSURANCE

\$ _____ on any one vehicle in transit \$ _____ increased limit for specific shipper
 \$ _____ any one loss Shipper Name: _____

APPLICANT'S DRIVER GUIDELINES (indicate each that apply)

MVR's obtained on all drivers at least annually.
 Number of moving violations (max in 3 yrs) _____
 Minimum Years Experience _____
 Minimum Age _____ years old
 Maximum Age _____ years old

SCHEDULE OF DRIVERS (complete below or attach a schedule)

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

SAFETY & MAINTENANCE

Is there a formal **Safety Program** in place? Yes No
 If yes, please describe:

 Explain your **Maintenance Program**, (ie, frequency, performed by whom, etc.)

SCHEDULE OF POWER UNITS (complete below or attach a schedule)

Year	Make	VIN	Limit

SCHEDULE OF REFRIGERATED TRAILERS (complete below or attach a schedule)

Year	Make	VIN

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 act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

 Applicant Signature Date

 Agent Signature Date

