Motor Truck Cargo Application

9.	Are Owner-Operators used? If yes, please complete the following:
a.	Number of owner-operators:
b.	Describe standards for selecting owner-operators (e.g. driving history, vehicle inspection, MVRS, background check):
C.	Liability provisions in the carrier and owner-operator agreement that could conflict with coverage under Motor Truck Cargo coverage being requested. (Agreement to be submitted upon request.)
10	. If Contract Carrier, please complete the following:
a.	List shippers the carrier has contracts with:
b.	List the specific commodity hauled for each shipper under contract:
C.	Terms of liability under the contract (Contract to be submitted upon request):
d.	Gross receipts generated for each shipper:
11	Provide breakdown of gross receipts earned as contract carrier and as a common carrier, if applicable:

a. Common Carrier gross receipts: b. Contract Carrier gross receipts:
12.Limit per vehicle a. Requested: b. Current:
13. Deductible a. Requested: b. Current:
14. Current deductible:
15. Terminal coverage being requested? If yes, please complete the following
a. List locations and addresses:

b. Building construction:
c. Security/Protective Devices:
16. Limit at terminal a. Requested: b. Current:
17. Deductible a. Requested: b. Current:
Print Your Name:
Signature:
Contact Information:
Date:

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