

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: _____

ACORD™ VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
	FAX (A/C, No):						
CODE:	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID							

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE			SYM/AGE	COST NEW		
						PP	SPEC	COML		\$		
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM	\$	
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE			SYM/AGE	COST NEW		
						PP	SPEC	COML		\$		
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		\$		\$	COLL
NET VEH DR/CR:										TOTAL PREM	\$	