



# EMPIRE

INSURANCE IS REQUESTED OF THE COMPANY DESIGNATED BY AN

**EMPIRE FIRE AND MARINE INSURANCE COMPANY**

Omaha, Nebraska

**EMPIRE INDEMNITY INSURANCE COMPANY**

Oklahoma City, Oklahoma

EXECUTIVE OFFICES

13810 FNB Parkway Omaha, Nebraska 68154-5202

**SURPLEX UNDERWRITERS**

**PO BOX 998**

**PORTLAND, ME 04104**

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[www.surplexuw.com](http://www.surplexuw.com)

## MOTOR TRUCK CARGO APPLICATION

PLEASE PRINT

1. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

No. Street Post Office County State Zip

Applicant is:  Individual,  Partnership,  Corporation

Location where principally garaged, if different than above: \_\_\_\_\_

2. Coverages desired From: \_\_\_\_\_ To: \_\_\_\_\_ 12:01 A.M.

3. DESCRIPTION OF AUTOMOBILE(S)

| MANUFACTURED BY | YEAR BUILT | FACTORY OR MOTOR NO. | TYPE OF BODY AND TONNAGE | LIMIT OF LIABILITY PER AUTO | LIMIT OF LIABILITY PER DISASTER | PREMIUM |
|-----------------|------------|----------------------|--------------------------|-----------------------------|---------------------------------|---------|
| 1)              |            |                      |                          |                             |                                 |         |
| 2)              |            |                      |                          |                             |                                 |         |
| 3)              |            |                      |                          |                             |                                 |         |
| 4)              |            |                      |                          |                             |                                 |         |

4. Nature of applicant's business:  Hauls own good  Contract hauler  
 Common carrier  Hauling under franchise

5. Type of merchandise hauled (complete description) \_\_\_\_\_

6. Does applicant haul eggs:  Yes  No If yes, maximum value of egg cargo \_\_\_\_\_

7. Does applicant haul fragile merchandise? (describe - giving percentages) \_\_\_\_\_

8. a) Does applicant haul any hazardous liquids? ie: (anhydrous ammonia, explosives, gasoline, liquefied petroleum, gases, acids or chemicals?)  
 Yes  No

b) If yes, describe \_\_\_\_\_

c) What percentage \_\_\_\_\_

9. Maximum radius of haul (in miles) \_\_\_\_\_ Largest city traveled in \_\_\_\_\_

10. How often are autos inspected? \_\_\_\_\_ By whom? \_\_\_\_\_

Condition of autos \_\_\_\_\_

11. Filings - Regulatory

Permit No.

State

a) Interstate Commerce Commission

b) State Authority \_\_\_\_\_

Docket No. \_\_\_\_\_

12. During past three years, has insured

a) had any losses?  Yes  No

b) ever been, canceled, rejected, or refused renewal of any auto, mobile or cargo insurance (not applicable in MO):  Yes  No.

If answer to a) or b) is "yes" explain:

13. Name or previous insurance carrier \_\_\_\_\_

(OVER)

14. Do you have any Loss Prevention Equipment installed on your trailers? (If so, describe) \_\_\_\_\_

15. If applicant has other policies in Empire, list by type of coverage:  
 Automobile,  Fire and/or  Other \_\_\_\_\_

16. Experience for past three years:

|                     | PREMIUM  | NUMBER OF CLAIMS |       | CARGO LOSSES |             |
|---------------------|----------|------------------|-------|--------------|-------------|
|                     |          | AUTO             | CARGO | PAID         | OUTSTANDING |
| From _____ To _____ | \$ _____ | _____            | _____ | \$ _____     | \$ _____    |
| From _____ To _____ | \$ _____ | _____            | _____ | \$ _____     | \$ _____    |
| From _____ To _____ | \$ _____ | _____            | _____ | \$ _____     | \$ _____    |

17. Radius of Operation (List number of units in each group)

|          | Up to 50 miles | 51 to 200 miles | 201 to 600 miles | over 600 miles |
|----------|----------------|-----------------|------------------|----------------|
| Trucks   | _____          | _____           | _____            | _____          |
| Tractors | _____          | _____           | _____            | _____          |

18. Does operation extend into or through any of the following Cities or Suburban Areas

|                                    |                                    |   |                                       |                                     |
|------------------------------------|------------------------------------|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Chicago   | <input type="checkbox"/> District of Columbia | <input type="checkbox"/> New York     | <input type="checkbox"/> Providence |
| <input type="checkbox"/> Boston    | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Kansas City, Kan.    | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> St. Louis  |
| <input type="checkbox"/> Buffalo   | <input type="checkbox"/> Detroit   | <input type="checkbox"/> Kansas City, Mo.     | <input type="checkbox"/> Pittsburgh   |                                     |

19. a) Is equipment leased, loaned or rented TO others:  Yes  No  
 b) If so, give details \_\_\_\_\_  
 \_\_\_\_\_  
 c) Is equipment leased, loaned or rented FROM others:  Yes  No  
 d) If so, give details \_\_\_\_\_  
 \_\_\_\_\_

(Complete 20 to 22 If Gross Receipts basis desired)

**GROSS RECEIPTS INFORMATION**

20. Gross Receipts for past three years

|                           | Revenue Owned Equipment | Revenue Leased Equipment |
|---------------------------|-------------------------|--------------------------|
| From _____ to _____       | _____                   | _____                    |
| From _____ to _____       | _____                   | _____                    |
| From _____ to _____       | _____                   | _____                    |
| Estimated for coming year | _____                   | _____                    |

21. Gross Receipts from Maximum Limit for Liab. per unit \$ \_\_\_\_\_ per disaster \$ \_\_\_\_\_

22. Gross Receipts monthly reporting form

|                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| a) Deposit Premium \$ _____ | b) Rate per hundred \$ _____ | c) Minimum Premium \$ _____ |
|-----------------------------|------------------------------|-----------------------------|

**APPLICABLE IN FLORIDA STATE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICABLE IN NEW YORK STATE**

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 insurance 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 each such violation.

|            |             |                 |            |                             |
|------------|-------------|-----------------|------------|-----------------------------|
| DATE _____ | AGENT _____ | LICENSE # _____ | DATE _____ | APPLICANT'S SIGNATURE _____ |
|------------|-------------|-----------------|------------|-----------------------------|

AGENTS REMARKS:

Did you solicit this insurance? \_\_\_\_\_ How long have you known applicant? \_\_\_\_\_  
 How long has applicant been in business? \_\_\_\_\_ Is applicant financially successful? \_\_\_\_\_  
 How do you rate him as an insurance risk?  Above average  Average  Below Average