



**DECOTIS**  
SPECIALTY INSURANCE

# MOTOR TRUCK CARGO APPLICATION FORM

Effective Date: \_\_\_\_\_

Desired Rate: \_\_\_\_\_

Name Insured: \_\_\_\_\_

Address: \_\_\_\_\_

1. How many years has the insured had motor truck cargo insurance in the above name? \_\_\_\_\_ Years

2. How many years has the insured been driving truck(s)? \_\_\_\_\_ Years

Insured Is:

- |   |  |  |
|---|--|--|
| Corporation <input type="checkbox"/>    | Sole Owner <input type="checkbox"/>        | Partnership <input type="checkbox"/>     |
| Common Carrier <input type="checkbox"/> | Common Carrier <input type="checkbox"/>    | Private Carrier <input type="checkbox"/> |
| Brokerage <input type="checkbox"/>      | Freight Forwarder <input type="checkbox"/> |  |

Filings: ICC MC# \_\_\_\_\_ Intrastate Authority: Yes  No

Current Carrier: \_\_\_\_\_

Has cargo insurance been Canceled/Non-Renewed in last 3 years? \_\_\_\_\_

Does applicant Interchange Equipment with Other Carriers? \_\_\_\_\_ Trip Lease? \_\_\_\_\_

Is Equipment Leased, Loaned or Rented to Others? \_\_\_\_\_ Back Haul? \_\_\_\_\_

### ATTENTION: PLEASE NOTE THE FOLLOWING:

- Quotes cannot be rendered unless this section is complete.
- Term General Freight/Merchandise is unacceptable, if % of haul is over 5%.
- Average and maximum values are not to reflect policy/contractual limits, but the actual average and maximum values of the loads.
- Are commodities owned by Insured? Yes  No  Containerized? Yes  No

SHIPPER	COMMODITY	% HAULED	AVERAGE VALUE	MAXIMUM VALUE

If any of the following are not listed above, they will be specifically excluded from the policy: Alcohol, animals, autos, chemicals, cotton, drugs, eggs, electronic equipment (i.e. computers, cameras, TV's), explosives, hazardous commodities, household goods, jewelry, seafood, tires or tobacco products.

Estimated Gross Receipts for the Coming Year: \$ \_\_\_\_\_

**GROSS RECEIPTS FOR PAST YEARS:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Gross Receipts \$ \_\_\_\_\_

**NUMBER & PIECES OF EQUIPMENT**

	Company Owned	Owner Operator	Long Term Lease
Trucks			
Tractors			
Trailers: Flatbed <input type="checkbox"/> Boxed <input type="checkbox"/>			
Refrigerated			

**TERMINAL COVERAGE (COMPLETE ONLY IF REQUESTING COVERAGE)**

Street	City & State	Construction	Security	Limit

Radius of Operation: \_\_\_\_\_ % Local (0-200 miles)    \_\_\_\_\_ % Intermediate (201-499 miles)    \_\_\_\_\_ % Long Haul (over 500 miles)

**LOSS HISTORY: PLEASE COMPLETE ("SEE ATTACHED" IS UNACCEPTABLE)**


Cargo Limits Desired: \$ \_\_\_\_\_ Per Vehicle    \$ \_\_\_\_\_ Per Disaster  
 Deductible Desired: \$ \_\_\_\_\_ Per Vehicle    \$ \_\_\_\_\_ Refer Units

**INSURANCE IS NOT IN EFFECT UNTIL A WRITTEN REQUEST TO BIND IS RECEIVED.**

The following underwriting information is requested by the companies and must be submitted on all bound accounts:  
*\*Three (3) years company loss runs, signed application (new business only), current MVR's (within thirty (30) days of inception, \*current financial statement (if filings are required), schedule of vehicles w/vin numbers (per unit policy only) and \*maintenance and safety programs (new business only).*  
*For policies with ten (10) or less units, a statement for the above items with a \* may be sent for the insured's signature in lieu of actual documents.*

Agency or Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Company Use Only:**

Underwriter: \_\_\_\_\_ Broker # \_\_\_\_\_  
 Submission # \_\_\_\_\_