



# Motor Truck Cargo Application

JENNI CONTRERAS – JENNI@GLADIUSINS.COM – 877-587-4999

## 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	<input type="checkbox"/> Quote	<input type="checkbox"/> Issue	Does agent currently write this account?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Present Carrier	_____		Premium/Rate	_____	
Has cargo coverage been cancelled or non-renewed in the past 3 years?				<input type="checkbox"/>	<input type="checkbox"/>
Has applicant filed bankruptcy within the past 3 years?				<input type="checkbox"/>	<input type="checkbox"/>
Has applicant had authority under a different name in the past 3 years?				<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b>	Name of prior authority _____				
	DOT# of prior authority _____				

## Type of Operation - *(Check all that apply)*

<input type="checkbox"/> Dry Van / Box	<input type="checkbox"/> Refrigerated Freight	<input type="checkbox"/> Household Goods
<input type="checkbox"/> Flat Bed	<input type="checkbox"/> Oversized / Overweight	<input type="checkbox"/> Double Trailers
<input type="checkbox"/> Automobile Hauler	<input type="checkbox"/> Containerized Freight	<input type="checkbox"/> 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 \_\_\_\_\_

**Deductible**

\$1,000     \$2,500     \$5,000     Other \_\_\_\_\_

**Commodities Hauled**

Commodity	Avg / Max Amount Per Load	Percentage
	/	
	/	
	/	
	/	
	/	

**Optional Coverages**

- Spoilage / Freezing Coverage \$ \_\_\_\_\_ Deductible - (Provide Reefer Trailers / Equipment Below)
- MTC Additional Coverages Plus Endorsement       Livestock Downgrading Coverage
- Pollutant Clean Up (\$10,000 limit)       Specified Causes of Loss
- Owners Goods Extension
- Non Owned Trailer / Container Coverage \$ \_\_\_\_\_ limit any one trailer / container

**Terminals** (list terminal location(s) if coverage is desired)

Limit	Terminal Location Address	Construction
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

**Theft Exposure**

	Yes	No
Are vehicles EVER left Loaded and Unattended? <b>If yes</b> , please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant EVER leave Loaded Trailers Detached from power units? <b>If yes</b> , please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
What security is provided for loaded vehicles? (check all that apply)		
<b>At locations</b>	<input type="checkbox"/> Fenced Lot	<input type="checkbox"/> Security Guards <input type="checkbox"/> Cameras
	<input type="checkbox"/> Kingpin Locks	<input type="checkbox"/> Vehicle Theft Alarms <input type="checkbox"/> In Locked Building
<b>In transit</b>	<input type="checkbox"/> GPS Device	<input type="checkbox"/> Armed Guard in Vehicle
	<input type="checkbox"/> Vehicle Theft Alarm	<input type="checkbox"/> Other _____

**Loss Experience** (past 3 years)

				Yes	No
Any losses within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No    Hard Copy Loss Runs Attached?				<input type="checkbox"/>	<input type="checkbox"/>
Policy Period	Amount Paid	# Claims	Cause(s) of Loss	Open Claim?	
				Yes	No
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>

**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 \_\_\_\_\_       Maximum Age \_\_\_\_\_

**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**

	Yes	No
Is there a formal Safety Program in place?	<input type="checkbox"/>	<input type="checkbox"/>
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	Limit

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 \_\_\_\_\_