

**MOTOR TRUCK CARGO CARRIERS PREMIER LEGAL LIABILITY INSURANCE APPLICATION
(FOR USE WITH FORM PIH 00 72)**

1. Name of Applicant:		
2. Garaging Address:		
City:	State:	Zip Code:
3. Mailing Address:		
City:	State:	Zip Code:
Email Address:	Website:	Phone #:
4. Number of Years' Experience in the Trucking Business:		
5. Number of Years' Experience Hauling the Commodities Scheduled Below:		
6. Type Carrier:	Private Common Contract Leased	
7. MC Number:	A. STATE FILING REQUIRED: (Show Permit Number) B. FEDERAL FILING REQUIRED:	
8. Radius of Operation From Garaging Address: miles		
9. Gross Receipts Past Year: \$		Projected Gross Reciepts: \$

10. Type of Merchandise Hauled: IMPORTANT Do not use the terms "General Merchandise, General Freight, Dry Goods, Dept. Store Goods, Consumer Goods" If more than one commodity is carried, give percentages of load values. Load Values must be accurately stated as co- insurance applies.

NOTE: On-Hook cargo of any type is EXCLUDED

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliances			Fertilizers			Plastic		
Auto Parts			Frozen Foods			Pipe		
Beer			Furniture			Poultry		
Beverages			Garbage/Refuse			Produce		
Boxes (Empty)			Gasoline			Seafood - Fresh		
Building Materials			Grain			Seafood - Frozen		
Candy			Hay			Steel		
Canned Goods			Liquors			Textiles		
Carpets			Lumber			Tires		
Chemicals			Meat			Tobacco		
Clothing/Garments			Metal			US Mail		
Containerized Freight			Milk & Cream			Water		
Cotton			Mover- Household			Wine		
Dry Groceries			Mover- Office			Other:		
Electronics (Finished)			Paper			Other:		
Electronic Parts			Petroleum			Other:		

Limit Requested:						
Deductible Requested:						
<p>The following property is <u>EXCLUDED</u> from coverage.</p> <p>Accounts, Aircraft/Aviation Parts & their Components, Automobile Airbags, Automobiles, Bicycles, Bills, Bullion, Cannabis Products, Ceramics, Cellular Phones, Cheese, China, Coffee Products, Coils Metals, Coins, Computer Components, Computer, Cosmetics, Currency, Debts, Deeds, Documents, Eggs, Electronic Display Devices, Equipment, Evidence of Debt, Eyewear & Optical Goods, Film or Other light sensitive materials, Frozen Dairy Products, Game Consoles, Horticulture, Hoverboards, Jewelry and/or Other Similar Valuable Articles, Letters of Credit, Live Animals, Machinery, Marijuana, Manuscripts, Marine Related Products, Mechanical Drawings, Medical Equipment, Medical Supplies, Mineral Slab Products, Mobile Equipment (whether or not license for road use), Money, Motorized Vehicles, Notes, Nuts & Seeds, On-Hook Cargo, Paints, Passports, Perfume, Pharmaceutical Products, Plants and Flowers, Precious Stones, Railroad or Other Tickets, Restraint Systems, Seatbelts, Securities, Segway's, Solar Panels, Stamps, Statuary and Other Works of Art, Substances defined as illegal by the Federal Government, Tablets, Tea Products, Televisions, Transformers, Turbines, Watercrafts</p>						
11. Do you require refrigeration breakdown coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO						
12. Do you require trailer interchange coverage?				<input type="checkbox"/> YES <input type="checkbox"/> NO		
Limit Requested: \$			Deductible Requested: \$			
13. Do you operate a Freight Brokerage				<input type="checkbox"/> YES <input type="checkbox"/> NO		
Limit Requested: \$			Deductible Requested: \$			
Revenues Generated From Freight Brokerage Last Year: \$ Projected Revenues Generated From Freight Brokerage This Year: \$						
14. Terminal Information: Do you require coverage for cargo in terminals or at other places where vehicles are left overnight or at weekends either: On vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO Off Vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO If either answer is yes, please give details of any such places which are regularly used:						
Address	Fenced Yard Locked at Night?	24 hr Watchman	Alarmed Building	Sprinklered Building	Max. Value Exposed	
15. The Names of Your Cargo Insurance Carriers, Policy Deductible and Fleet Size for the Past 3 Years:						
Carrier Name:		Deductible: \$		Fleet Size:		
Carrier Name:		Deductible: \$		Fleet Size:		
Carrier Name:		Deductible: \$		Fleet Size:		
16. Claims History:						
Show Policy Periods For Past (3) Three Years		Date of Loss	Total (\$) Amount of Loss	Cause of Loss	Open Reserve \$	Other Comment
From:	To:					

17. Driver Information:					
Drivers Name	DOB	License No. & State	Years' Experience	Violation	Accidents

18. Equipment Information:			
Give details of the number of vehicles for which cargo coverage is required:			
Tractor Units		Refrigeration Units 10 yrs old or less	
Straight Trucks		Refrigeration Units more than 10 yrs old	
Reefer Trucks		Flat Bed Trailers	
Tank Trucks		Tank Trailers	
Other Power Units		Double Trailers	
Total Number of Power Units		Total Number of Trailers	

19. Equipment Identification:			
Give power unit vehicle identification numbers if scheduled vehicle policy required. <i>(INCLUDE YEAR MAKE & VIN)</i>			
1		6	
2		7	
3		8	
4		9	
5		10	

This application shall not be binding unless and until a policy is issued and payment made and then only as of the inception date of said policy and in accordance with all terms hereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured. Insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the Insurance, and a warranty on the part of the insured.

DECLARATION: I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that I/We agree that if a policy is issued, this form shall be the basis of the contract and that any change of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. All statements on this application will become warranties to the policy.

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Insured Signature

Proposed Effective Date of Coverage:

Producer’s name: _____ Address: _____
By: _____ Date: _____