



Transportation Insurors, Inc.

111 E. Main Street • Delphi, Indiana • (765)564-6600 • (800)257-7364 • FAX (765)564-4919

MOTOR TRUCK CARGO APPLICATION BROAD FORM 15

Use space on last page or attach an extra sheet if there is insufficient room for answers.

1. Name of Applicant: _____ doing business as
Company: _____ Year established: _____
Address: _____
City: _____ State: _____ Zip Code: _____ DOT Number: _____

2. Associated or Subsidiary Companies to be included:

Name	Address	City	State	Zip Code	Function

3. Are Companies: Common Carriers Private Carriers Contract Carriers
 Owner of Cargo Other _____

If your contracted on a released liability basis please attach a copy of a specimen waybill showing how much liability you accept. Also, please give details of your additional valuation rates and the approximate annual level of additional valuation charges you receive.

4. a) Please give details of any operations carried out other than that of a carrier: _____

b) Do you subcontract to other parties? YES NO If 'YES', on long term (30 days) leases or other basis (Please explain)? _____

c) Are subcontractors responsible for loss or damage to the cargo subcontracted to them?

YES NO

If 'YES', do you maintain copies of their current insurance policy file? YES NO

5. Please give gross receipts in respect of your trucking operations for past 5 years:

Year	Gross Receipts Own Haul	Gross Receipts Subcontracted Out	Total Gross Receipts All Operations
20__	\$	\$	\$
20__	\$	\$	\$
20__	\$	\$	\$
20__	\$	\$	\$
20__	\$	\$	\$

CONTINUED ON NEXT PAGE

6. The following interests are excluded under the basic policy form, but can normally be covered at additional premium if requested. Please check any that you wish to be covered, and include details of such exposures in answer to question 8:

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounts | <input type="checkbox"/> Bills | <input type="checkbox"/> Debts |
| <input type="checkbox"/> Evidence of Debts | <input type="checkbox"/> Letters of Credit | <input type="checkbox"/> Passports |
| <input type="checkbox"/> Documents | <input type="checkbox"/> Railroad/Other Tickets | <input type="checkbox"/> Notes |
| <input type="checkbox"/> Money | <input type="checkbox"/> Securities | <input type="checkbox"/> Currency |
| <input type="checkbox"/> Bullion | <input type="checkbox"/> Precious Stones | <input type="checkbox"/> Garments ¹ |
| <input type="checkbox"/> Paintings | <input type="checkbox"/> Statuary/Other Works of Art | <input type="checkbox"/> Manuscripts |
| <input type="checkbox"/> Mechanical Drawings | <input type="checkbox"/> Live Animals | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Cigars | <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Seafood (Unless Canned) |
| <input type="checkbox"/> Furs | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Liquor |
| <input type="checkbox"/> Beers | <input type="checkbox"/> Wine | <input type="checkbox"/> Electronics ² |
| <input type="checkbox"/> Jewelry and/or Other Similar Ingot Form | <input type="checkbox"/> Non-Ferrous Metal in Scrap or Valuable Articles | |

1) Defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like.

2) Defined as: all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCR's, hi-fis, CD players and the like.

Note: Heavy electrical items, such as switch gear, turbines, generators and the like are NOT considered to be electronics.

7) Form of coverage required: Broad Form Include Reefer Breakdown
 Named Peril Form

8) List by category and percentage of the total loads shipped:

Type of Cargo	Ave. Value per load	Max. Value per load	% of total loads
Machinery	\$	\$	%
Tobacco	\$	\$	%
Produce	\$	\$	%
Chilled Food	\$	\$	%
Frozen Food	\$	\$	%
Building Materials	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%
Other	\$	\$	%

If other, please give details: _____

CONTINUED ON NEXT PAGE

9) Do you require coverage for cargo in terminals or at other places where vehicles are often left overnight or weekends?

On Vehicles: YES NO
 Off Vehicles: YES NO

If either answer is 'YES', please give details of any locations which are regularly used:

Address	Fenced yard locked at night?	24 hour watchman	Alarmed Building	Sprinkler Building	Max. Value Exposed?
					\$
					\$
					\$

10) Limits required: a) \$ _____ a.o. vehicle
 b) \$ _____ a.o. loss (vehicle accumulation)
 c) \$ _____ a.o. terminal (off vehicles)

If limit for 10b is in addition to 10c, specify overall loss limit needed \$ _____
 Do you ever carry loads valued greater than the cargo insurance limit requested? YES NO

11) Give details of any steps taken to secure vehicles when left unoccupied: _____

12) Give details of any I.C.C. or State/Provincial cargo filings required: _____

Percentage of hauls by distance: 1-250 miles 251-1000 miles 1001+ miles

13) Please give details of the number of vehicles for which cargo coverage is required:

Tractor Units:		Reefer Trailers 10 Yrs Old or Less:	
Straight Trucks:		Reefer Trailers More than 10 Yrs Old:	
Reefer Trucks:		Flat Bed Trailers:	
Tank Trucks:		Tank Trailers:	
Other Power Units:		Other Trailers:	
Total Number of Power Units:		Total Number of Trailers:	

14) Please give power unit vehicle identification numbers if scheduled vehicle policy required:

Year	Make	Model	VIN

CONTINUED ON NEXT PAGE

15) Please give driver details:

Total No. of Drivers:		No. of Full-Time Employee Drivers:	
No. Under 25 Yrs. Old:		No. of Drivers on Long Term (30d+) Lease:	
No. Over 60 Yrs. Old:		No. of Two Person Driver Teams:	

Driver Description					
	Name	D.O.B.	DL#/State	Years Commercial Driving Exp.	Any Violations / Accidents
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain Violations/Accidents if any: _____

16) Please give details of checking procedures maintained for hiring new drivers: _____

17) What criteria is used to determine whether to terminate current driver(s)?

18) Please provide your loss experience, whether insured or not, for the past 5 years, on All Risks / Broad Form basis, **FROM 1st DOLLAR / NO DEDUCTIBLE.**

Year	Paid	Outstanding	Details
20__	\$	\$	
20__	\$	\$	
20__	\$	\$	
20__	\$	\$	
20__	\$	\$	

19) Are details of claims within deductibles ('over, shortage and damage') maintained?
 YES NO

If so, please give details for the past 3 years:

Year	Total Amount Paid	Total Amount Outstanding
20__	\$	\$
20__	\$	\$
20__	\$	\$

20) Has any insurer within the past 5 years non-renewed or canceled insurance to the applicant?
 YES NO If 'YES', please give details: _____

21) Please give details of your existing cargo coverage:

Carrier:		Existing Deductible:	\$
Renewal Offered:		Existing Limit:	\$
Existing Rate:		Expire Date:	

22) Date from which insurance coverage is required: _____

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in pattern or my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of this contract.

Applicants Signature: _____ Date: _____

BROKER INFORMATION

Agency: Northwoods Insurance, Inc.
 Agent Signature: _____ Date: _____
 Contact: Pam Bridge E-mail: agent@northwoodsins.com
 Address: 111 E Main St
 City: Delphi State: IN Zip Code: 46923
 Phone Number: 800-655-0230 Fax Number: 765-564-2709

Continued From Question: _____

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended (“TRIA”), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as **defined in Section 102(1) of the Act, as amended:** The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terroris; to be a violent act or an act that is dangerous to human life, propoerty, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the the United States or to influence the policy or affect the conduct of the Unites Staes Government by coercion. Any coverage you purchase for “acts of terrorism” shall expire at 12:00 midnight December 31, 2027, to the date on with the TRIA program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S, GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD_____
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant’s Signature

Syndicate on behalf of certain Underwriters at Lloyd’s

Print Name

Policy Number

Date

Contingent Cargo Liability Check List

1. Please provide name, address, and phone number for the owner and driver of the truck:

Owner Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Driver Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Please provide name, address, phone number, and docket number for the motor carrier in which the truck is leased to:

Motor Carrier Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Docket Number: _____

3. Please provide name of co-signed and co-signer of load:

Co-signed Name: _____ Co-signer of load: _____

4. Do you obtain an accord certificate of insurance from the trucker's insurance agent and verify the following:

- Effective dates and expiration dates of the cargo policy
- Name on policy to whom it is issued
- Name, address, phone of agent trucker
- Date, time, and name of person(s) at insurance agency that verified and sent proof of coverage
- Request that you be notified if trucker's cargo policy, when and if, is in cancellation
- Do you ask if insurance cargo carrier is at least rated 'A' for financial stability
- Do you ask of an explanation for the kind of cargo being conveyed if there are exclusions, stipulations, limitations are connected to the freight you will match, broker, or forward with your trucker and what deductibles.

Applicant Signature: _____ Date: _____