



Motor Truck Cargo & Trailer Interchange Application

MOTOR TRUCK CARGO AND TRAILER INTERCHANGE APPLICATION

Coverage can be quoted but not bound without a signed Application at time of binding.

MOTOR TRUCK CARGO

APPLICANT INFORMATION

First Named Insured: _____

Mailing Address: _____

Other Named Insureds: _____

Partnership/Corporation/Individual: _____

Years in Business: _____

Description of Operations: _____

Website Address: _____

Inspection Contact (Name): _____

Telephone: _____

Email: _____

Additional Interests (include names and interest such as loss payee, mortgagee, etc.): _____

GENERAL POLICY INFORMATION

Effective Date/ Expiration Date: _____

Billing (Agency or Direct): _____

Payment Plan: _____

UNDERWRITING INFORMATION

Principal Commodities Carried Including Percentage of Total:

COMMODITY	PERCENT	MAXIMUM VALUE	AVERAGE VALUE

If any of the following commodities are handled, check ☒ and state Maximum Value in any one load:

<input type="checkbox"/> Alcoholic Beverages	\$	<input type="checkbox"/> Produce	\$
<input type="checkbox"/> Auto Tires or Tubes	\$	<input type="checkbox"/> Frozen Meats	\$
<input type="checkbox"/> Electronics	\$	<input type="checkbox"/> Textiles	\$
<input type="checkbox"/> Explosives	\$	<input type="checkbox"/> Tobacco Products	\$

LIMITS OF LIABILITY

Per Vehicle: \$	Per Occurrence: \$	Deductible: \$
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Refrigeration Breakdown Coverage needed: ☐ Yes ☐ No

If **YES**, Reefer Limit: \$ Deductible: \$

PERIOD	POWER UNITS OWNED	POWER UNITS LEASED	REVENUE	MILES
Current Year				
1 ST Prior				
2 ST Prior				
3 ST Prior				
4 ST Prior				

TERMINAL COVERAGE

☐ Yes ☐ No If **YES**, complete below:

LOCATION	LOCATION ADDRESS	LIMIT
1		\$
2		\$
3		\$
4		\$
5		\$

TERMINALS CONTINUED

LOCATION	CONSTRUCTION TYPE	SQUARE FOOTAGE	PUBLIC PROTECTION CLASS	SPRINKLERED	SECURITY INFO
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	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Radius of Operations (One way trip distances by percentage – Totals 100%)							
0-100 Miles	%	100-250 Miles	%	250-500 Miles	%	> 500 Miles	%

DRIVER SAFETY AND MAINTENANCE

Is there a full time Safety Director? ☐ Yes ☐ No

Safety Director Name: _____

Are there scheduled formal safety meetings: ☐ Yes ☐ No

How often: _____

Is driver attendance mandatory? ☐ Yes ☐ No

Is there a driver aware or bonus plan? ☐ Yes ☐ No

Is there an accident review board? ☐ Yes ☐ No

Is there a formal safety manual or driver handbook? ☐ Yes ☐ No

If **YES**, please attach with application.

Are driver files reviewed? ☐ Yes ☐ No

How often are MVR's reviewed? _____

What is the minimum age of drivers hired? _____

What are the minimum years of experience for new drivers? _____

Number of drivers under 24 years old? _____ Over 65 years old? _____

Are Owner Operators having the same requirements as company drivers? ☐ Yes ☐ No

Please submit the following with this application:

- Vehicle schedule
- Drivers list and MVR's
- Prior carrier loss runs for last 5 years

PRIOR CARRIER INFORMATION

Year	Carrier	Policy Number	Premium

Loss Experience: _____

Attach a minimum of 5 years of hard copy loss history.

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.

TRAILER INTERCHANGE

GENERAL INFORMATION

Does the insured have a written Trailer Interchange Agreement? ☐ Yes ☐ No

If **YES**, please attach a copy. (Please note this is required for coverage.)

If **NO**, without a formal Trailer Interchange Agreement,

is Trailer Bailees Coverage being requested? ☐ Yes ☐ No

Does the Trailer Interchange Agreement address the condition of maintenance of the trailers? ☐ Yes ☐ No

Please explain the use of non-owned trailers. _____

Does the insured's customer pre-load the trailers? ☐ Yes ☐ No

Do the insured's drivers know the contents of the Trailer Interchange trailers? ☐ Yes ☐ No

Does the insured pick up the trailers of regular customers? ☐ Yes ☐ No

If **YES**, please describe. _____

What type of trailers will be covered under Trailer Interchange?

☐ Dry Van ☐ Reefer ☐ Flatbed ☐ Lowboy ☐ Other: _____

Total number of company owned/leased Power Units: _____

Total number of company owned/leased trailers: _____

Total number of owner operator Power Units: _____

Total number of company drivers: _____ Total number of owner operator drivers: _____

Requested Trailer Interchange limit: _____ Requested Trailer Interchange deductible: _____

Number of trailers requiring Trailer Interchange coverage: _____ Number of trailer days requested: _____

Have there been any Trailer Interchange losses in the past five years? ☐ Yes ☐ No

If **YES**, please describe: _____

***Please note that Motor Truck Cargo and Trailer interchange loss runs are required for the past five years.**

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Applicant

Name: _____

Position: _____

Address (City, State, Zip): _____

Signature: _____

Date: _____

Agent

Name: _____

Position: _____

Address (City, State, Zip): _____

Signature: _____

Date: _____