



Motor Truck Cargo Proposal

Phone # 888-495-4950
Fax # 888-997-9970
P.O. Box 8010
Goldsboro, NC 27534

GENERAL INFORMATION

Agent Name, Street, and City		State	Telephone
Applicant Name/DBA		Telephone	Desired Policy Period TO
Business Address/Street, City		State	Zip Code Years in Business
Garage Address/Street, City	State	Inspection Contact Name	Telephone Insured is <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
Are others Leased to Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Permanent Lease <input type="checkbox"/> Trip Lease		Is Applicant Leased to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom? _____	
Commodities hauled by % including Values			
States and Cities Entered:		% of Round Trips by Radius (in Miles) <input type="checkbox"/> <301 <input type="checkbox"/> 301-500 <input type="checkbox"/> 501-1500 <input type="checkbox"/> >1500	
FREQUENTLY TRAVELED METRO AREAS			
<input type="checkbox"/> ATLANTA <input type="checkbox"/> BALT/WASH. DC <input type="checkbox"/> BOSTON <input type="checkbox"/> CHICAGO <input type="checkbox"/> DALLAS/FT. WORTH <input type="checkbox"/> DETROIT <input type="checkbox"/> HARTFORD <input type="checkbox"/> HOUSTON <input type="checkbox"/> LOS ANGELES <input type="checkbox"/> MIAMI <input type="checkbox"/> NY CITY <input type="checkbox"/> PHILADELPHIA <input type="checkbox"/> SAN FRANCISCO <input type="checkbox"/> NEWARK/ NJ			
COVERAGE INFORMATION			
DOES APPLICANT HAVE A BROKERAGE OPERATION? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, ICC Brokerage # _____			
Est. Brokerage Revenue: _____			
CARGO <input type="checkbox"/> All Risk <input type="checkbox"/> Named Peril			
Catastrophe Limit _____ Terminal Limit _____ Deductible: _____			
Terminal Location: _____ Refrigeration Breakdown: <input type="checkbox"/> Yes <input type="checkbox"/> No (min. Deductible \$2,500)			
INSURANCE CARRIER & LOSS INFORMATION – PAID AND RESERVE – THREE YEAR MINIMUM			
POLICY PERIODS		COMPANY AND POLICY NUMBER	CARGO
FROM	TO		
HAS APPLICANT EVER HAD TRUCK INSURANCE CANCELLED OR NON-RENEWED <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , give details			
FILING INFORMATION – CARGO <input type="checkbox"/>		Base State:	Intrastate/Exempt Filing(s) Required:
ICC DOCKET #: _____ MC# _____			
Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles _____? or off vehicles _____?			
If either answer is yes, please give details of any such places which are regularly used: Address _____			
Fenced yard locked at night? <input type="checkbox"/> Yes <input type="checkbox"/> No 24 hour watchman? <input type="checkbox"/> Yes <input type="checkbox"/> No Alarmed Building? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sprinklered Building? <input type="checkbox"/> Yes <input type="checkbox"/> No Max. value exposed? _____			



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EQUIPMENT INFORMATION

#	YEAR	MAKE TYPE	CARGO LIMIT	DEDUCTIBLE	VEHICLE IDENTIFICATION NUMBER	RADIUS
1.						
2.						
3.						
4.						
DOES APPLICANT OWN/LEASE ANY OTHER POWER UNITS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give details:						

DRIVER INFORMATION ----- ATTACH MVR FOR EACH DRIVER -----

#	Name	Date of Birth	State	License Number	Years Exp.	MVR Violations last 36 Month
1.						
2.						
3.						
4.						

The following interests are **excluded**, but can normally be covered at additional premium if requested. Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry &/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap or ingot form, furs, alcohol, liquor, beer, wine, garments (*defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like*), seafood unless canned, and electronics (*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, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered to be electronics*).

I authorized _____ and/or the producing agent to obtain proper cop(ies) of my Motor Vehicle Report for insurance underwriting purposes. As well, any additional drivers listed and/or any drivers who will operate equipment covered under any prospective insurance policy for which this application relates have or will have authorized me to consent the same. I certify that all application information is true and agree that any misrepresentation by me will constitute reasons for the company to void or cancel any policies issued on the basis of this application, and will hold the company harmless for the action taken.

Signature of Applicant: _____ Date: _____ Signature of Agent: _____ Date: _____

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 terrorism; to be a violent act or an act that is dangerous to human life, property, 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 United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which 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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; 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

LMA9104

12 January 2015