

APPLICATION MOTOR TRUCK CARGO

**FORM
A-103**

Applicant _____ Tax ID or SS No. _____

Address _____ Telephone No. _____

City _____ County _____ State _____ Zip _____

From _____ To _____
Coverage Effective Date _____ Years in Business _____ Have you ever filed reorganization or bankruptcy? YES NO

TYPE CARRIER (Check one or more)
 Common Owner of Cargo Piggyback or Container Contract Other (Specify) _____

COVERAGE (Check one or more)
 All Risk Named Perils Loading/Unloading Collision of load Reporting Reefer Other **DEDUCTIBLE** _____ **DEDUCTIBLE REEFER** _____

EQUIPMENT(Power Units) Note: Coverage applies to cargo on any trailer only while attached to an insured tractor.
 Total Owned: Tractors _____ Trucks _____ Other _____
 Total Leased: Tractors _____ Trucks _____ Other _____

LIMITS DESIRED Per Vehicle _____ Per Occurrence _____

RADIUS _____ 0-50 _____ 50-300 _____ 300-1000 _____ Unlimited _____

COMMODITIES

%	Type	Avg	Max	%	Type	Avg	Max

GROSS RECEIPTS (3 YEARS)

20 _____	Has your insurance ever been cancelled by another company? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? _____ Why? _____ Name of Carrier _____
20 _____	
20 _____	

Estimate Current Year _____

EXPERIENCE - If over 10 units, attach current insurer loss runs.

Policy Term From To	Company and Policy No.	Premium	No. of Claims	Cause of Loss	Amount Paid

FILINGS

Filings Required	Docket or Permit Number	Name & Address Exactly as appears on each Permit

COMMENTS _____

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

Some states require specific fraud warning notices. These warning notices appear on the reverse side of this application. If your state is listed, it is extremely important that you read your applicable notice.

 APPLICANT'S SIGNATURE DATE

AGENT NAME _____

AGENT ADDRESS _____

SIGNATURE OF AGENT OF APPLICANT _____

 DATE

THIS IS NOT A BINDER

SCHEDULE OF TRACTORS/TRUCKS

LIST OF DRIVERS

Model Year	Trade Name/Kind of Vehicle (1)	Motor/Serial Number	Driver's Name	Social Security Number	Date of Birth Mo. Day Year	Drivers Licenses State Number	No. of Violations and Accidents Past 3 years

(1) TR-Tractor TK-Truck

CERTIFICATE HOLDERS

Name	Complete Address

TERMINAL COVERAGE NOTE: If quote is needed for cargo at a terminal while not on a scheduled vehicle, complete the following: (Describe any terminal losses in the past 3 years)

Address	Average Cargo Exposure	Maximum Cargo Exposure	Sq. Ft.	Fenced		Alarms		Watchman		Sprinkler		Limit
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ARKANSAS - (Statute 23-66-503) - WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE - (Statute 24-A-2186) - WARNING: It is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW MEXICO - (Statute 59A-16C-8) - WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO - (Statute 3999.21) - WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA - (Statute 3613.1) - WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim, for the proceeds of an insurance policy, containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA - (Statute 75-1822) - WARNING - 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 insurance act, which is a crime and subjects such person to criminal civil penalties.

TENNESSEE - (Statute 39-14-133) - WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.