

CIU

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TRUCK CARGO APPLICATION

SURVEY FOR INSURANCE PROPOSAL MUST BE COMPLETED AND SIGNED FOR QUOTATION TO BE TENDERED

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Telephone: _____

Email: _____

Location Address: _____

Years in Business: _____ Policy Term: _____ to _____

Description of Operations: _____

Insured is: Individual Partnership Corporation Joint Venture.

| | | | | | | | | | |
|---|--------------|------------------------------|-----------------------------|------|---|---|-------|------------|----------------|
| 1. Business is: _____ | | | | | | Common Carrier _____ No. years in business _____ | | | |
| Contract Carrier _____ | | | | | | Private Carrier (Owner's goods on own vehicle.) _____ | | | |
| 2. Are filings required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, MC# _____ States _____ | | | | | | | | | |
| 3. Radius of operations: _____ Principle cities / states entered _____ | | | | | | | | | |
| 4. Number of Vehicles: | | | | | | 5. Radius of Operation (List no. of units in each group) or Percent | | | |
| Vehicle Type | Van | Flatbed | Refrigerated | Tank | Bulk | Vehicle Type | Local | 250+ Miles | Over 500 Miles |
| Cars | | | | | | Trucks | | | |
| Tractors | | | | | | Tractors | | | |
| Trucks | | | | | | 6. Gross Receipts for the Past Four Years | | | |
| Semi-Trailers | | | | | | Period | | Cargo | Revenue |
| Full-Trailers | | | | | | From | To | Rate | |
| Double Deck | | | | | | | | | |
| IF ANNUAL TRUCKING REVENUE EXCEEDS \$1,000,000, ATTACH FINANCIAL STATEMENT | | | | | | | | | |
| 7. Do you own or use equipment other than that listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details: _____ | | | | | | Estimated for Coming Year: | | | |
| 8. Do you lease, loan or rent any of your equipment to others? <input type="checkbox"/> No <input type="checkbox"/> Yes, Details: _____ | | | | | | | | | |
| 9. Name of present insurance carrier(s) and Policy No.(s) _____ | | | | | 10. Are present policies being canceled or not renewed? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: _____ | | | | |
| 11. Limits Requested: | | Average Exposure per Vehicle | Mximum Exposure per Vehicle | | | | | | |
| Per Vehicle | Per Disaster | | | | | | | | |
| \$ | \$ | \$ | \$ | | | | | | |
| 12. Deductible Requested: _____ | | | | | | | | | |
| 13. Is Reefer Coverage required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach the schedule. Are all reefer units newer than 10 years? _____ | | | | | | | | | |
| 14. Experience - Current and Past Two Years: <i>FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE</i> | | | | | | | | | |

Losses past 3 years: Date of Loss Details Carrier

15. Driver's Full Name as it appears on License:

| NAME | BIRTH DATE | STATE & DRIVER LICENSE NUMBER | DATE EMPLOYED |
|------|------------|-------------------------------|---------------|
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16. Description of Equipment - All vehicles do not have to carry same limit

| No. | Trade Name | Yr. Built | Type | Radius | I. D. Number | Limit |
|-----|------------|-----------|------|--------|--------------|-------|
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17. Terminals

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|-------------------------------------|------------------------------------|---|--|--------------------------------------|-----------------------|-----------------------------|-------------------------|
| Terminal Address | | | | | | | Terminal Limit |
| Lighted <input type="checkbox"/> | Fenced <input type="checkbox"/> | Sprinklered <input type="checkbox"/> | Burglary Alarm <input type="checkbox"/> | Watchman <input type="checkbox"/> | Construction _____ | Fire Contents Rate _____ | Average Values _____ |
| Terminal Address | | | | | | | Terminal Limit |
| Lighted <input type="checkbox"/> | Fenced <input type="checkbox"/> | Sprinklered <input type="checkbox"/> | Burglary Alarm <input type="checkbox"/> | Watchman <input type="checkbox"/> | Construction _____ | Fire Contents Rate _____ | Average Values _____ |

| 18. Commodity | PERCENT OF TOTAL** | AVERAGE VALUE | MAXIMUM VALUE |
|---------------|--------------------|---------------|---------------|
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****DRY FREIGHT AND GENERAL FREIGHT CANNOT MAKE UP MORE THAN 5% OF TOTAL**

19. Is liquor or manufactured tobacco transported? Yes No If yes, give details separately.

REMARKS:

IMPORTANT

This form is not an application or offer to insure, but rather is solely for convenience in development of underwriting information for submission to one insurance company or companies to be determined.

IMPORTANT

The information herein is for the purpose of obtaining an application or quotation for insurance from any one of several insurance companies and creates no obligation on the part of Essex Insurance Company unless an application or quotation is offered and accepted.

The Applicant agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

| | |
|-------------|----------------------------|
| DATE | INSURED'S SIGNATURE |
|-------------|----------------------------|

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|----------------------|-----------------|
| BROKER AGENT: | ADDRESS: |
|----------------------|-----------------|