

**MOTOR TRUCK CARGO SECTION**

To be attached to and form part of the policy if issued      Use with general applicant section

1. Applicant Name: \_\_\_\_\_ doing business as : \_\_\_\_\_  
 Company: \_\_\_\_\_ Year established: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 ICC Docket No. MC \_\_\_\_\_

2. Names, addresses, and functions of associated or subsidiary companies to be included: \_\_\_\_\_  
 (attach separate sheet if necessary)

3. Are Companies:       Common Carriers       Contract Carriers (If so attach copy of contract)  
                                   Owner of Cargo       Private Carriers       Other (specify) \_\_\_\_\_  
 If you contract 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. Do any of the companies to be insured perform any operations other than that of a carrier? \_\_\_\_\_  
 a) Do any of the companies to be insured sub-contract to other parties? \_\_\_\_\_ If so, Long term (30 Days plus), or Short term leases: \_\_\_\_\_  
 b) Are sub-contractors insured for their cargo liability? \_\_\_\_\_ (If yes, please give details of steps taken to establish extent of cover provided, and to ensure cover remains in force).  
 \_\_\_\_\_  
 Please attach details of any **YES** answers to the above-attach separate sheet if necessary

5. Please provide the gross receipts for the past five years:

YEAR	G.R. OWN HAULS	G.R. SUBCONTRACTED	TOTAL G.R. ALL OPERATIONS
1998			
1999			
2000			
2001			
2002			
EST.			

6. The following interests are **EXCLUDED** under the basic policy form, but can normally be covered at an additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and/or other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, alcohol, 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-Fish, CD players, and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are not considered to be electronics.

7. Form of cover required:      Broad Form       incl. Reefer Breakdown       Named Peril Form

**2. List by category and percentage of the total loads shipped:**

Type of Cargo	Avg. Value per load	Max. Value per load	% of total loads
Machinery			
Tobacco			
Produce			
Chilled Food			
Frozen Food			
Building Materials			

9. Do you require cover for cargo in terminals or at other places where vehicles are 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?	24 hr. watchman	Alarmed Building	Sprinkle red 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  If yes, explain.

11. Give details of any steps taken to secure vehicles whenever 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. 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. Give power unit vehicle identification numbers if scheduled vehicle policy required.

1		6	
2		7	
3		8	
4		9	
5		10	

15. Drivers Name	DOB	License No. & State	Yrs. Exp.	Violations	Accidents

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**Insured's Statement of Losses and Compliance:**

Cancellation will be issued if this statement is NOT received within 30 (thirty) days of effective date of policy. This is considered as part of your application for Insurance and requires your signature.

1. I hereby certify that my company is a trucking operation and is in good financial condition. \_\_\_\_\_
2. I hereby certify that I am complying with Department of Transportation Safety laws and maintenance laws and I review all safety laws on a quarterly basis, as well as maintain my truck(s) on a quarterly basis. \_\_\_\_\_
3. I hereby certify that I have had NO LOSSES in the past three years. \_\_\_\_\_

NO Motor Truck Cargo Losses: \_\_\_\_\_ (initial here)

NO Physical Damage Losses: \_\_\_\_\_ (initial here)

4. I hereby certify that my losses during the past three years were as follows:

Current Year	First Prior Year	Second Prior Year
Carrier:	Carrier:	Carrier:

Insured:
Company Name:
Signature:
Printed Name:
Policy Number:
Policy Period:
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 concurrence with the Secretary of State, 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, 2014, 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% 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 \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 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.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$ .50+TX
<input type="checkbox"/>	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 Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Certain Underwriters at Lloyd's, London**  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Named Insured:

21/12/07  
LMA9011  
Form approved by Lloyd's Market Association