

PENNSYLVANIA MANUFACTURES ASSOCIATION INSURANCE COMPANY.

MOTOR TRUCK CARGO CARRIERS PREMIER LEGAL LIABILITY INSURANCE APPLICATION (FOR USE WITH FORM PIH 00 72)

1. Name of Applicant: _____

2. Garaging Address: _____

3. Mailing Address: _____

Policy Period _____ To _____ Website: _____ Phone #: _____

4. Number of Years Experience in the Trucking Business: _____

5. Number of Years Experience Hauling the Commodities Scheduled Below: _____

6. Type Carrier: Private Common Contract Leased

7. MC Number: _____ A. STATE FILING IS REQUIRED: _____

B. SHOW STATE & PERMIT NUMBERS: _____

8. Radius of Operation From Garaging Address: _____ miles

9. Gross Receipts Past Year: \$ _____ Projected Gross Receipts: \$ _____

10. Type of Merchandise Hauled: **IMPORTANT** Do not use the term "General Merchandise, OR General Freight." If more than one commodity is carried, give percentages of load values. Load Values must be accurately stated as co-insurance applies.

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliances			Electronics			Oilfield Equip.		
* Automobiles			Explosives			Paper		
Auto Parts			Fertilizers			Petroleum		
Boats			Furniture			Pipe		
Building Mats.			Grain			Poultry		
Candy			Livestock			Produce		
Canned Goods			Liquors			Seafood		
Carpets			Lumber			Steel		
Chemicals			Light Machinery			Textile		
Clothing/ Garments			Meat			Tires		
Cotton			Milk & Cream			Tobacco		
Containerized Freight			Mobile Homes			Household/Office Goods/		
Eggs			Nuts			Other		
			Heavy Machinery/ Heavy Equipment			Other		

Limit Requested: \$ _____ RATE _____ PREMIUM \$ _____ FEE \$ _____

* If **Automobiles** is selected as a scheduled commodity, you must indicate the MAXIMUM Number of Automobiles that you may haul at any one time: _____

Deductible Requested: \$ _____

11. Do you require refrigeration breakdown coverage? NO YES

12. Do you require trailer interchange coverage? NO YES RATE _____ PREMIUM \$ _____

Limit Requested: \$ _____ Deductible Requested: \$ _____

13. Do you operate a Freight Brokerage? NO YES

14. Terminal Information:

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?

15. The Names of Your Cargo Insurance Carriers, Policy Deductible and Fleet Size for the Past 3 Years:

Carrier Name: _____ Deductible: \$ _____ Fleet Size: _____ Tractors

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16. Loss History:

Show Policy Periods For Past (3) Three Years From: _____ To: _____		Date Of Loss	Total \$ Amount of Loss	Cause of Loss	Open Reserve \$	Other Comment

17. Driver Information:

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

18. Equipment Information:

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	

19. Equipment Identification:

Give power unit vehicle identification numbers if scheduled vehicle policy required. (INCLUDE YEAR MAKE & VIN)

1		6	
2		7	
3		8	
4		9	
5		10	

