

Motor Truck Cargo & Auto Physical Damage Application

Producer: _____
 Eff Date: _____ Need By Date: _____

Applicant: _____
 Corporation LLC Individual Other

Address: _____
 Phys Add: _____

Phone Number: _____
 FEIN: _____
 Inspection Contact: _____
 Years in Business: _____

DOT #: _____
 Projected Receipts: _____
 Projected Mileage: _____

PRIOR COVERAGE & LOSS EXPERIENCE

Carrier Name	Premium	Number of Losses	Total Incurred
Current year			
MTC			
APD			
First Year Prior			
MTC			
APD			
2nd Year Prior			
MTC			
APD			
Ever been non-renewed or cancelled? <input type="checkbox"/> Yes, <input type="checkbox"/> No. If So Why? _____			

COVERAGES & LIMITS

Physical Damage
 Comprehensive & Collision Deductible: _____
 Total Insured Value: _____
 Maximum Value any Tractor/Truck: _____
 Max Value Any Trailer: _____
 Equipment Summary: # Tractors & Trucks _____, #Trailers _____, # Other _____ - Explain: _____

Trailer Interchange
 Maximum Limit any one trailer: _____
 Maximum number of trailers at any time: _____ Number of Days per Week: _____
 Comprehensive & Collision Deductible: _____

Motor Truck Cargo
 Maximum Limit any one Vehicle: _____ Any One Occurrence: _____
 Any Named Shippers? Yes, No. If So What Limit? _____ Include % of Rec, Name & Address in comments.
 Refrigeration Breakdown? Yes, No. - Reefer Deductible: _____ All Other Perils Deductible: _____

COMMODITIES & OPERATIONS

Commodity Hauled	% Of Revenue	Average Value	Maximum Value
_____	_____	_____	_____
_____	_____	_____	_____

Radius of Operations: PERCENTAGE 0-50 Miles: _____ 51-200 Miles: _____ 201 – 500 Miles: _____ 501 Miles+: _____

UNDERWRITING QUESTIONS

SAFETY PROGRAMS/LOSS PREVENTION

1. **Safety Programs:**
 - Formal safety programs are in place.
 - Safety programs implemented as needed
 - No formal safety programs
2. **Safety Results**
 - Regularly monitored by management who are accountable for results.
 - Regularly monitored by supervisors who are accountable for results.
 - Safety results reviewed periodically.
3. **Loss Prevention**
 - Management has formal loss prevention program, reviews results and takes an active role in implementing corrective actions.
 - Management cooperates with insurer and relies on insurance company loss prevention
 - No formal loss prevention program, corrective action taken as needed.

DRIVER SELECTION

1. Employment application required
2. CDL required
3. Written MVR standards in place
4. Pre-hire MVR check
5. Previous experience/reference checks
6. Physical exam
7. Drug Testing
8. Written driving test
9. Owner/operators hired

DRIVER TRAINING/MONITORING/TURNOVER

1. **Employee orientation**
 - Formal program with instruction on company policies
 - Informal program
 - No program
2. **Defensive driving courses:**
 - Offered to all drivers with periodic refreshers
 - Offered to new drivers
 - Offered as needed
3. **Frequency of MVR Checks:**
 - Six months
 - Annual
 - As needed
4. **Annual driver turnover:** Under 20%
 20% - 35% 25% - 50% Over 50%

VEHICLE MAINTENANCE

1. **Equipment**
 - All equipment in excellent condition.
 - All equipment in good condition.
 - Most equipment in good condition.
 - Other – explain in “Comments” section
2. **Preventative Maintenance**
 - Formal, written program in place with regularly scheduled maintenance.
 - Maintenance performed as needed.

LOAD/COMMODITIES

1. **Single Load/Single Destination**
 - Majority of trips are single load/single Destination.
 - Some trips are single load/single destination destination
 - Majority of trips are multiple load/multiple destination. destination.
2. **Refrigerated Loads**
 - Not applicable – no refer loads/units.
 - Refer units have regular maintenance.
 - Refer units are pre-cooled prior to trip with loads at transit temperature prior to trip.
 - Periodic temperature checks are made.
3. **Locked Vehicle/Unattended Vehicles**
 - Vehicles are alarmed; markings do not indicate contents.
 - Vehicles are padlocked when left unattended
 - Vehicles are frequently left unattended on short trips
4. **Water Damage**
 - Not susceptible to water damage or mildew.
 - Moderately susceptible to water damage, but have adequate packaging, vehicles checked for leaks.
 - Moderately susceptible, but have protective packaging.

General Questions:

Connecting Carriers – list connecting carriers used _____

Are All Tank Trailers Baffled: Yes, No.

Does The Insured Lease/Rent Any Units To/From Others?

Yes, No. If So Explain _____

Comments: _____



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SCHEDULES – (OK to attach separate)

EQUIPMENT

Year Make/Model Full VIN Stated Value (Including Permanently Attached Equip.)

DRIVERS (MVRs Required at Binding, but please disclose any known violations below)

Name Date of Birth State & License # Years Experience & Violations

Changes in driver information / quality may affect the pricing of your quote.

Fraud Statement Notice

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance, or makes a statement of claim containing any materially false information, or conceals for the purpose of misleading any information concerning any material fact, thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

I understand that failure to include all vehicles in the above or attached schedule of equipment for which the insured is legally liable for may greatly reduce the coverage provided by the policy. This includes all vehicles that the insured owns, leases, rents, or borrows and those vehicles that the insured leases or lends to others. I further understand that it is the responsibility of the insured to provide a complete schedule of vehicles at inception and to promptly report the acquisition of any new vehicles to the company.

Producer Name

Date

Applicant Name / Title

Date

Producer's Signature

Applicant's Signature