

Cargo Application

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY



**Surplus
 Insurance
 Brokers
 Agency Inc.**

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 P O Box 749, South Bend IN 46624-0749

Policy Term From: _____ To _____

- Name (and "dba") _____
 Individual/Proprietorship Partnership Corporation Other Business Phone Number _____
- Premises Address _____ City _____ State _____ Zip _____
- Garaging Address _____ City _____ State _____ Zip _____
- Person to contact for inspection (name and phone number) _____
- Have you ever had insurance with one of the companies listed at the top of this page? Yes No
 If yes, Policy Number(s) _____ Effective Date(s) _____

DESCRIPTION OF OPERATIONS

- Describe business _____
 Years experience _____ New Venture? Yes No
- Is this your primary business? Yes No If no, explain _____
 Seasonal? Yes No
- Have you ever filed for Bankruptcy? Yes No If yes, when _____ Explain _____
- Gross receipts last year _____ Estimate for coming year _____ Business for sale? Yes No
- Do you haul for hire? Yes No Show largest cities entered: _____
- Are you a common carrier? Yes No Are you a contract hauler? Yes No If yes, for whom: _____
- Do you haul your own cargo exclusively? Yes No If not, who owns it? _____
- Do you pull double trailers? Yes No Triple trailers? Yes No
- Do you rent or lease your vehicles to others? Yes No If yes, attach a copy of rental or lease agreement form used.
- Are bodies of all trucks and trailers completely closed and equipped with snap locks? Yes No
- Are trucks equipped with alarms? Yes No Other _____
- Number of men on trucks? _____ Are loaded trucks ever left unattended? Yes No

CARGO INFORMATION					Limit of Insurance	Deductible
Select type of cargo coverage desired: <input type="checkbox"/> Named Perils <input type="checkbox"/> Broad Form (Not available for all types of cargo)					SEE SCHEDULE OF AUTOS/VEHICLES	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other _____
Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value			

***100% coinsurance clause applies.** If applicant hauls double wide mobile homes, Cargo Limit must be equal to the value of both sides combined to satisfy co-insurance. Amount of insurance on each truck should equal maximum load carried.

- Additional Coverage Options (additional premium may apply):
 Additional Insured Endorsement (Lessee) Loading and Unloading Coverage Tow Truck Amendatory Endorsement
 Earned Freight Coverage Refrigeration Breakdown Coverage Hired Car Cargo Coverage Exclude Theft Coverage

DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

19. Minimum years driving experience required _____ Are vehicles owner-driven only? Yes No
20. Are drivers ever allowed to take vehicles home at night? Yes No
21. Do you order MVR's on all drivers prior to hiring? Yes No Driver's maximum driving hours ____ daily, ____ weekly
22. Do you agree to report all newly hired operators? Yes No

SCHEDULE OF AUTOS/VEHICLES (Describe all vehicles for which application is made for insurance)

Veh. No.	Model Year	Vehicle Make & Model	Body Type (Truck, Tractor, Trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of rear axles	Principal Garaging Location (City & State)	Radius of Operation	Cargo Limit (If coverage is to attach to vehicle)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

23. Insured desires cargo coverage to attach to Power Unit Trailer/Semi-Trailer
24. Will lessor be added as additional insured? Yes No If yes, give name and address of lessor for each vehicle _____
25. Number of vehicles owned: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____
26. Number of vehicles leased: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Total Premium	Total Amount Claims Paid & Reserves		
From	To					BI/PD	Comp/Coll	Cargo
/ /	/ /							
/ /	/ /							
/ /	/ /							

27. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____
28. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? Yes No If yes, date and why _____

FILING INFORMATION

29. Is an FHWA filing required? Yes No If yes, MC number _____
 Common Contract Broker Do you require FHWA cargo filing? Yes No
30. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____
31. If you are an interstate regulated carrier, identify your Registration or Base State _____
32. Is an intrastate cargo filing needed? Yes No If yes, show state and permit number _____
 List states for which insured requires CARGO FILINGS (check name on permits) _____
33. Show exact name and address in which permits are issued _____

34. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____
35. Is oversize, overweight cargo hauled? Yes No
36. Does your authority allow for transportation of hazardous commodities? Yes No
37. Do you allow others to haul hazardous commodities under your authority? Yes No

38. Have you ever changed your operating name? Yes No Do you operate under any other name? Yes No
39. Do you operate as a subsidiary of another company? Yes No
40. Do you lease your authority? Yes No Do you appoint agents or hire independent contractors to operate on your behalf? Yes No
41. Have you purchased, sold or applied for authority over the past 3 years? Yes No
42. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes No
43. Is evidence/certificate(s) of coverage required? Yes No
44. Please explain any "yes" answer to questions 38 through 43 _____

45. Do you have agreements with other carriers for the interchange of vehicles or transportation of passengers? Yes No

If yes, attach a copy of current agreements and complete the following:

- (a) With whom has such agreement(s) been made? _____
- (b) Under whose permit does each of the parties to the agreement(s) operate? _____
- (c) Is there a hold harmless in the agreement(s)? Yes No
46. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom? _____

Witness

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain: _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.

TERRORISM RISK INSURANCE ENDORSEMENT

NOTICE TO POLICYHOLDERS REQUIRED UNDER TERRORISM RISK INSURANCE ACT OF 2002

Pursuant to the requirements of the Terrorism Risk Insurance Act of 2002 (the "Act"), including all amendments thereto, we advise you of the following information:

Coverage for acts of terrorism is included in this policy subject to the terms, conditions, limits and exclusions contained therein. Under this coverage, certain losses caused by certified acts of terrorism may be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays a portion (85% in Calendar Year 2008 through expiration) of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. While your insurer faces significant exposure under your policy for losses caused by acts of terrorism, the premium you paid for the policy does not reflect that exposure. **Consequently, no premium is currently being charged on your policy for the risk of losses caused by certified acts of terrorism.**

THERE IS AN ANNUAL LIABILITY CAP FOR COVERED TERRORISM LOSSES UNDER THE ACT EQUAL TO \$100,000,000,000 OF AGGREGATE INSURED LOSSES AS DEFINED IN THE ACT. LOSSES PAID UNDER THIS COVERAGE WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS A PORTION (85% IN CALENDAR YEAR 2008 THROUGH EXPIRATION) OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. ANY INSURER THAT HAS SATISFIED THEIR STATUTORILY ESTABLISHED DEDUCTIBLE IS NOT LIABLE FOR AND THE UNITED STATES SECRETARY OF THE TREASURY IS NOT AUTHORIZED TO PAY ANY PORTION OF SUCH LOSSES EXCEEDING THE CAP ON ANNUAL LIABILITY OF \$100,000,000,000.

Premium on renewal of your coverage may be charged for you to maintain coverage for losses arising out of acts of terrorism. In that event you will be informed of such charges to the extent required by federal or state law.

Company Name	Policy Number
	Endorsement Effective
Named Insured	Countersigned at
	By

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)