

CARGO / PHYSICAL DAMAGE PROPOSAL
SURVEY FOR INSURANCE PROPOSAL MUST BE COMPLETED AND SIGNED FOR QUOTATION TO BE TENDERED

Effective:

1. Name:		2. Address- Terminal locations if more than one.		
3. Business is: Common Carrier No. years in business Contract Carrier Private Carrier (Owner's goods on own vehicle.)		4. Owner's Name: Telephone #:		
5. MC#:		DOT#:		
6. Operates in States or Provinces of:				
7. Routes (List All Major Cities Entered):				
8. Type of Operation: (Select All That Would Apply) <input type="checkbox"/> Dry Van <input type="checkbox"/> Reefer <input type="checkbox"/> Flatbed <input type="checkbox"/> Container <input type="checkbox"/> Auto Hauler <input type="checkbox"/> Other: Explain _____				
9. Do you own or use equipment other than that listed above? No Yes, Details:		10. Do you lease, loan or rent any of your equipment to others? No Yes, Details:		
11. Name of present insurance carrier(s) and Policy No.(s)		12. Has Physical Damage or Cargo coverage been cancelled or non renewed in the past 3 years? Yes No Details:		
13a. Cargo Limits Requested:		Average Exposure per Vehicle	Maximum Exposure per Vehicle	
per vehicle	per disaster			
\$	\$	\$	\$	
13b. Cargo Deductible Requested:		Present Insuring Conditions: Form & Deductible Requested:		
13c. Phy Dmg Deductible Req:		Present Insuring Conditions: Form & Deductible Requested:		
14. Is terminal coverage required? If yes, please list details on page 2				
15. Is liquor or manufactured tobacco transported? If yes, give details separately				
16. Experience- Current and Past Three Years: <i>FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES -ITEMIZE</i>				
Period	Premium	Clms	Losses Paid and Outstanding	Totals
From			Fire Collision Overturn Theft	
17. DETAILS OF LARGE LOSSES:				

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

NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	DATE OF HIRE	Yrs Experience	VIOLATIONS / ACCIDENTS

19. Description of Equipment - All vehicles do not have to carry same limit

Year	Make	Truck/Tractor	Radius	Vehicle Identification Number	Value	Cargo Limit (If different from policy limit)

20. Commodity	PERCENT OF TOTAL	AVG. VALUE	MAX VALUE	21. Terminals (If Applicable)	1	2
				Lighted		
				Fenced		
				Sprinklered		
				Burglary Alarm		
				Watchman		
				Construction		
				Fire Contents Rate		
				Limit Required		
				Average Values		

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.

DATE	INSURED'S SIGNATURE
BROKER AGENT	ADDRESS