



# Motor Truck Cargo

Please attach to Basic App or ACORD 125.

Operations are:  Common Carrier  Contract Carrier  
 Freight Forwarder  Transportation Broker  
 Exempt or Private  Other: \_\_\_\_\_

### LIMITS OF INSURANCE

\$ \_\_\_\_\_ on any one vehicle in transit OR  A schedule of vehicles and their limits is attached.  
 \$ \_\_\_\_\_ any one loss, whether loaded or unloaded

### TERMINALS

| Amount of Ins            | Address | Construction             | Fire & Theft Protection  |
|--------------------------|---------|--------------------------|--------------------------|
| <input type="checkbox"/> |         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> |         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> |         | <input type="checkbox"/> | <input type="checkbox"/> |

Deductible: \$ \_\_\_\_\_

Spoilage/Freezing coverage desired. Spoilage Deductible: \$ \_\_\_\_\_

Reporting form desired:  Monthly  Annual

### FILINGS REQUIRED

ICC/Surface Transportation Board; Docket No: \_\_\_\_\_  
 State(s): \_\_\_\_\_

### OPERATIONS

Gross Receipts: Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 (past 3 years) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Next 12 months (estimated): \$ \_\_\_\_\_

Major Customers:

|       |         |
|-------|---------|
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |

| Commodities Hauled       | % of time hauled | Average Value            | Maximum Value            |
|--------------------------|------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | _____ %          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | _____ %          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | _____ %          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | _____ %          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | _____ %          | <input type="checkbox"/> | <input type="checkbox"/> |

Identify percentage that each of the following represents to the total of all commodities hauled (if applicable):

|  |  |   |
|--|--|---|
| Alcoholic Beverages <input type="checkbox"/> % | Eggs <input type="checkbox"/> %                  | Bulk Liquids <input type="checkbox"/> %           |
| Drugs <input type="checkbox"/> %               | Flammable Liquids <input type="checkbox"/> %     | Explosives <input type="checkbox"/> %             |
| Meat or Seafood <input type="checkbox"/> %     | Clothing <input type="checkbox"/> %              | Cigarettes/Cigars <input type="checkbox"/> %      |
| Auto Parts/Tires <input type="checkbox"/> %    | Comptrs/TV/Electrnics <input type="checkbox"/> % | Precious Metals/Alloys <input type="checkbox"/> % |

Percent of hauls requiring temperature control: \_\_\_\_\_ %  
 Shipments requiring rigging: \_\_\_\_\_ %  
 Radius: \_\_\_\_\_ % < 50 miles \_\_\_\_\_ % 50-250 miles \_\_\_\_\_ % 250-500 miles \_\_\_\_\_ % > 500 miles  
 Principal cities served: \_\_\_\_\_

**OPERATIONS, continued...**

Do you haul goods that you own?  Yes\*  No  
 \* Describe: \_\_\_\_\_  
 \* Annual Values shipped: \$ \_\_\_\_\_

Do you maintain a formal safety program?  Yes\*  No  
 \* Explain: \_\_\_\_\_

Any overages, shortages or damages claims pending?  Yes  No

Does applicant backhaul property of others?  Yes  No

% Trip-leased to other carriers  % Trip-leased from other carriers  
 % Brokered load to other carriers  % Brokered load from other carriers

**ABOUT THE DRIVERS...**

Are all drivers employed full-time? \_\_\_\_\_  Yes  No  
 Does applicant obtain MVR verification on all drivers? \_\_\_\_\_  Yes  No  
 Does applicant hire owner operators? \_\_\_\_\_  Yes  No  
 Do drivers receive regular physicals? \_\_\_\_\_  Yes  No  
 Are drivers bonded? \_\_\_\_\_  Yes  No

Average length of service of drivers:  \_\_\_\_\_ years  
 Maximum # of hours drivers will operate in a 24-hour period:  \_\_\_\_\_ hours

How are drivers screened?  
 Drug and alcohol test  
 Minum age,  \_\_\_\_\_ years  
 Years of experience,  \_\_\_\_\_ years  
 Maximum # of moving violations in past 3 years;  \_\_\_\_\_ violations  
 Other:  \_\_\_\_\_

Schedule of drivers, incl. license #, state of issue, date of birth, and years of driving experience, is attached.

**ABOUT THE VEHICLES...**

Average value per load: \$  \_\_\_\_\_ Maximum value per load: \$  \_\_\_\_\_

Number of:  \_\_\_\_\_ Box Van Trailers  \_\_\_\_\_ Flat Bed Trailers  
 \_\_\_\_\_ Owned Tractors  \_\_\_\_\_ Leased Tractors  
 \_\_\_\_\_ Refrigerator Units  \_\_\_\_\_ Tank Trucks  
 \_\_\_\_\_ Trucks

Average age of vehicles:  \_\_\_\_\_ years

A schedule of vehicles is attached which includes the following information:  
 Manufacturer  Vehicle Type  Capacity  
 Model Year  Serial Number \_\_\_\_\_  
 Radius of Operations \_\_\_\_\_  
 Description of any alarms with which the vehicle is equipped. \_\_\_\_\_

Describe the vehicle maintenance program (incl. who performs it, how often, and what records are kept):  
 \_\_\_\_\_

Are vehicles left loaded and unattended?  Yes\*  No  
 \* When and where?  \_\_\_\_\_

What security is provided for loaded vehicles?  Fenced Lot  Kingpin locks  
 Security Guards  Other:  \_\_\_\_\_

Number of drivers on each truck:  \_\_\_\_\_