



## PHYSICAL DAMAGE & MOTOR TRUCK CARGO APPLICATION

*Provided by*

### Timber Creek Insurance Services

Timber Creek can usually provide you with a quote within 72 hours once ALL REQUIRED information is received by Timber Creek and sent to our Lloyd's Broker.

- Fully Completed TCIS – Auto Physical Damage and Motor Truck Cargo Applications. Please Make sure TIV is listed for all Vehicles and Trailers
- Fully Completed Vehicle and Driver Schedule for APD and MTC included in this Application. Please attach additional Schedules if needed.
- MVR's on Drivers Listed on Driver Schedule
- If the Insured has been in business for five (5) Years or more, please provide Five (5) Years Loss Runs - dated within 30 days.
- If the Insured has been in business for less than five (5) Years, then provide loss Runs for ALL Years the Insured has been in business – dated within 30 days.

If you are primarily a Local Transportation or Regional Transportation Carrier, in the business of transporting goods for others, our Motor Truck Cargo Carriers' Legal Liability Coverage will provide you with comprehensive coverage at a competitive price. Your trips need to be generally, shorter to mid-haul, potentially including U.S. delivery. The goods transported need to be low to medium risk in terms of damageability, theft and deterioration. Your business needs to be well established, showcasing strong financial and operational processes, including excellent operational controls to ensure proper completion of bills of lading or other detailed written shipping contracts or agreements. You will need to demonstrate excellence in fleet and equipment maintenance as well as disciplined driver controls.

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency Contact \_\_\_\_\_ Email \_\_\_\_\_

### BASIC INFORMATION ON THE INSURED

Full Name of the Applicant \_\_\_\_\_

Full Names of the Principal(s) \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name and Address of Principal Terminal (If Different than Above) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Is the Applicant a Corp \_\_\_\_\_ LLC \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ How many Years in Business? \_\_\_\_\_

How many Years at the above address? \_\_\_\_\_ Previous Insurance \_\_\_\_\_ Declined \_\_\_\_\_ Non-Renewed \_\_\_\_\_

Current Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ EX Date \_\_\_\_\_

Expiring Premium \_\_\_\_\_ Current Deductible \_\_\_\_\_ Type of Cargo Carried \_\_\_\_\_

Any Claims in the last 5 Years? \_\_\_\_\_ Yes \_\_\_\_\_ No If "YES", please provide full details including date, type of loss amount paid and outstanding. Current Loss Runs dated within 90 days Must be provided for a quote.

Is the Applicant Currently Insured by your Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No If "YES", How long \_\_\_\_\_

### DESCRIPTION OF LOSSES

Date of Loss	Annual Premium	Cause of Loss (Fire-Theft – Collison – Other)	Total Paid	Deductible

### DESCRIPTION OF OPERATIONS

\_\_\_\_\_ Yes \_\_\_\_\_ No Is the Vehicle Owner-Driven?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Drivers are Employed, are MVR's obtained?

\_\_\_\_\_ Yes \_\_\_\_\_ No If more than (1) Vehicle is covered, what is the Estimated Maximum Possible Terminal Loss?

\_\_\_\_\_ What is the Amount of Deductible(s) on Collison?

\_\_\_\_\_ Yes \_\_\_\_\_ No Will the Insured ever use Hired Equipment?

\_\_\_\_\_ Yes \_\_\_\_\_ No Will any of the Insureds equipment ever be loaned or rented to others?

\_\_\_\_\_ Yes \_\_\_\_\_ No Does the Insured own or use Trucks and/or Trailers other than those listed on this Application? If "YES", please specify Vehicles and state reason why insurance is not required.

\_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No Are the Trucks, Trailers and Equipment Regularly Inspected and Serviced? If so, at what periods? \_\_\_\_\_ Daily \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

\_\_\_\_\_ Board Fire Rate for Terminal Premises (If Applicable)

## VEHICLE DESCRIPTIONS

Vehicles Only – Power Units (Tractors) Only – Do Not Include Trailers			
Type	Total # of Units	Units Owned By Insured	Sub-Contracted/Lease Operators
Tractors			
Straight Trucks (Open)			
Van Trucks (Dry)			
Van Trucks (REFG)			
DUMP			
Other Power Units			

### Continued - VEHICLE DESCRIPTIONS - Continued

Are All Units Equipped with the following:

Alarms	_____	Yes	_____	No
Fire Extinguishers	_____	Yes	_____	No
GPS Tracking	_____	Yes	_____	No
Cameras	_____	Yes	_____	No

Please List other Safety/Security Features \_\_\_\_\_

Additional Description of Vehicles Specify "TYPE" as Truck, Tractor, Van, Dump) Please List ALL Power Units - Attach Separate Sheet if Needed						
TYPE	YEAR	MAKE	VIN #	COST (New)	Amount of INS Desired	Registered GVM

## DRIVER & SAFETY REQUIREMENTS

Total Number of Drivers \_\_\_\_\_ # of Full Time Drivers \_\_\_\_\_ # of Part-Time Drivers \_\_\_\_\_  
 # of Sub-Contracted Drivers \_\_\_\_\_ # of Lease Operators \_\_\_\_\_ Do they Provide their own  
 Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No What is the Minimum Age of any Driver? \_\_\_\_\_

Does the Applicant's Driver Section Process Include the following:

_____ Yes _____ No	Written Job Application	_____ Yes _____ No	Pre-Employment Medical
_____ Yes _____ No	Background Checks	_____ Yes _____ No	Reference Checks
_____ Yes _____ No	Review of MVR	_____ Yes _____ No	Verify Experience
_____ Yes _____ No	Road Test	_____ Yes _____ No	Inclement Weather Test

Does the Applicant require a Drug Test at: \_\_\_\_\_ Time of Hire \_\_\_\_\_ Post Accident \_\_\_\_\_ Random

## Safety Procedures

☐ Yes ☐ No Is there a Full-Time Safety Supervisor?  
☐ Yes ☐ No Does the Applicant have a Formal Safety Program?  
☐ Yes ☐ No Does the Applicant have a written Vehicle Maintenance Program?  
☐ Yes ☐ No Does the Applicant have a Preventive Maintenance Program in Place?  
☐ Yes ☐ No Are written Records of Vehicle Maintenance/Condition maintained? How Often \_\_\_\_\_  
☐ Yes ☐ No Is there a "NO LOSS" Bonus Program? If "YES", what % of Drivers Qualify \_\_\_\_\_  
☐ Yes ☐ No Does the Applicant have any cameras in the vehicle? If so, what Type/Brand \_\_\_\_\_

## INSURANCE REQUIREMENTS

Limits of Liability Required or Needed	
Maximum Limit Any One Vehicle	
Deductible	
Special Conditions Requested	

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

Please Explain any "YES" Answer and Add Other Comments Here:

<b>Applicant's Signature</b>		<b>Date</b>	
<b>Printed Name</b>		<b>Title</b>	
<b>Agent's Signature</b>		<b>Date</b>	
<b>Printed Name</b>		<b>Title</b>	

**Signing of this Application Does Not Bind the Applicant to Complete the Insurance Transaction**

# MOTOR TRUCK CARGO APPLICATION

To Be Completed with Physical Damage Application – Pages 1 -3

Current Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ EX Date \_\_\_\_\_

Expiring Premium \_\_\_\_\_ Current Deductible \_\_\_\_\_ Type of Cargo Carried \_\_\_\_\_

Any Claims in the last 5 Years? \_\_\_\_\_ Yes \_\_\_\_\_ No If "YES", please provide full details including date, type of loss amount paid and outstanding. Current Loss Runs dated within 90 days Must be provided for a quote.

Is the Applicant Currently Insured by your Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No If "YES", How long? \_\_\_\_\_

## DESCRIPTION OF LOSSES

Date of Loss	Annual Premium	Cause of Loss (Fire-Theft – Collison – Other)	Total Paid	Deductible

## DESCRIPTION OF OPERATIONS

REVENUE – List Actual Gross Receipts from All Trucking Related Operations				
Revenue (\$)	From the Period (Year)	Month	To the Period (Year)	Month
What Percentage of the Applicant’s Receipts are derived from each of the following Operations?				
	As a Licensed Common (Public) Carrier?			
	As an “Owner/Operator” or “Lease/Operator” for another licensed Common Carrier.			
	Name of Common Carrier			
	As Owner of the Cargo			
	As a Freight Forwarder of Freight Broker			
	As Contract Carrier for Specific Shipper(s) Attach Copy of all Contracts			
	Name(s) of Shipper(s)			

## State the Type of Bill of Lading used and Attach a Copy of Bill(s) of Lading in Use

Under the "Motor Carrier Act" a Standard "Bill of Lading" dictates the Trucker is liable for \$4.41 per Kilogram when transporting goods including Loading and Unloading

Released Percentage \_\_\_\_\_ Declared Value Percentage \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Are loads ever Sub-Contracted or Brokered to other Carriers, If so, please complete the following:

\_\_\_\_ Yes \_\_\_\_ No Is this Done under the Applicant's Bill of Lading?

\_\_\_\_ Yes \_\_\_\_ No Does the other Carrier Issue a Bill of Lading? If "Yes", to whom?

\_\_\_\_ Yes \_\_\_\_ No Do you request Proof of Insurance (Certificates of Insurance) from all Sub-Contract haulers?

What Percentage of Annual Gross Revenue is derived from Sub-Contract Hauling? \_\_\_\_\_

### What is the Radius of the Applicant's Operations?

USA Milage	Percentage	States Traveled to
0 -50		
51 - 100		
101 -200		
201 – 500		

### TERMINALS

Please provide full details of all Terminals owned or operated by the Applicant. Attach Property Underwriting Details as required using standard property application.

Address (City/State/ZIP	Describe Security	Max Values Inside	Max Values Outside

#### Unattended Loads

\_\_\_\_ Yes \_\_\_\_ No Are Vehicles ever left unattended at Terminals or elsewhere, including overnight? If "YES", Please provide details of location(s), security and average/maximum duration.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Does the Applicant operate any Vehicle for which Cargo insurance is not included under this policy? If "YES", Please explain:

\_\_\_\_\_

### TRAILERS

\_\_\_\_ Yes \_\_\_\_ No Does the Applicant ever engage in hauling Trailers in Tandem?

\_\_\_\_ Yes \_\_\_\_ No Does the Applicant ever haul Non-Owned Trailers? If "YES", What is the Maximum Number in the Applicant's possession at any one time? \_\_\_\_\_

Average Value (\$) \_\_\_\_\_ Maximum Value (\$) \_\_\_\_\_

How many Trailers does the Applicant own? (Insert Number of Trailers that Apply):

\_\_\_\_\_ Dump    \_\_\_\_\_ Tankers    \_\_\_\_\_ Dry Van    \_\_\_\_\_ Flat Decks    \_\_\_\_\_ Auto Carriers  
 \_\_\_\_\_ Wood Chip    \_\_\_\_\_ Refrigerated Vans    \_\_\_\_\_ Livestock    \_\_\_\_\_ Other

## DESCRIPTION OF COMMODITIES CARRIED

Estimate the percentage of Gross Receipts derived from hauling each Commodity carried. Avoid the use of Non-Specific Terms such as "General Merchandise".

Commodity	% of Receipts	AVG Load Value	MAX Load Value
Alcoholic Beverages (Including Beer & Wine)			
Auto Parts and Accessories			
Automobiles (New)			
Automobiles (Used)			
Boats/Watercraft			
Building Materials (Not Lumber or Logs)			
Bulk Liquids (In Tankers)			
Computer/Electronics (Attach Supplement)			
Containers (Reefers – Attach Supplement)			
Containers (Other)			
Flammables or Explosives			
Frozen Foods (Attach Reefer Supplement)			
Hazardous Goods (Describe)			
Heavy Machinery			
Household Goods (Specific Contract)			
Household Goods (Residential Movers)			
Light Machinery – Including Parts			
Live Animals, Birds, Fish			
Logs-Wood Chips-Sand-Gravel			
Lumber			
Meat-Seafood-Poultry (Boxed Attach Reefer Supplmt)			
Meat (Swinging/Hanging) (Attach Reefer Supplement)			
Mobile Homes			
Non-Perishables (Dry) Goods			
Perishable Foods (Produce – Attach Supplement)			
Other Perishables – Please Describe			
Oilfield Equipment - Light			
Oilfield Equipment - Heavy			
Oilfield - Drilling Rigs			
Oilfield – Hot Shot/Parts			
Steel			
Tobacco Products (Attach Supplement)			
Mixed Loads (Of the Above)			
Other Commodities – Please Describe Below			


## REFRIGERATION BREAKDOWN SUPPLEMENT

Please Complete the following if any Temperature Controlled Property is Transported including Containers.

How many Units/Trailers are equipped with "Refrigeration" Units? \_\_\_\_\_ Trailers \_\_\_\_\_ Van Trucks \_\_\_\_\_ Other

Who is Responsible for the maintenance of the Refrigeration Units? \_\_\_\_\_ Insured \_\_\_\_\_ Third-Party  
If a Third-Party Contractor, Please Confirm the following:

Name of Contractor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Frequency of Servicing \_\_\_\_\_ Length of Contact \_\_\_\_\_ Start Date of Contract \_\_\_\_\_

### Refrigeration Unit Safety Features

\_\_\_\_\_ Yes \_\_\_\_\_ No Indicator Lights that Alert the Driver of the Failure of the System?

\_\_\_\_\_ Yes \_\_\_\_\_ No Are the Indicator Lights clearly visible to the Driver?

\_\_\_\_\_ Yes \_\_\_\_\_ No Are ALL Units equipped with a Temperature Gauge?

\_\_\_\_\_ Yes \_\_\_\_\_ No Are ALL Temperature Gauges clearly visible to the Driver?

\_\_\_\_\_ Yes \_\_\_\_\_ No Is A "Ryan's Chart" maintained on all Refrigerated Shipments?

How often are the Drivers required to check the Gauges and Log Records? \_\_\_\_\_

Describe the Emergency Procedures in the event of a Refrigeration Breakdown or problem:



## INSURANCE REQUIREMENTS

Limits of Liability Required or Needed	
Maximum Limit Any One Vehicle	
At Scheduled Terminals (As Listed Above)	Maximum Limit of Any (1) Loss
Special Conditions Requested	

## FILING REQUIREMENTS

List All States where the Applicant has been advised a Motor Truck Cargo Filing is Required:

---

If ICC (US) Filing is Required for Cargo (Forms BMC 34 or BMC 35), Provide Docket #: MC \_\_\_\_\_

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

Please Explain any "YES" Answer and Add Other Comments Here:

<b>Applicant's Signature</b>		<b>Date</b>	
<b>Printed Name</b>		<b>Title</b>	
<b>Agent's Signature</b>		<b>Date</b>	
<b>Printed Name</b>		<b>Title</b>	

**Signing of this Application Does Not Bind the Applicant to Complete the Insurance Transaction**

**Additional Underwriting Notes**