

## AGENCY INFORMATION

Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer Name				

## GENERAL INFORMATION

Insured Name:		Date:			
Effective Date	From:	To:			
Mailing Address	Street:	City:	State:	Zip:	
Business Structure	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Joint Venture <input type="checkbox"/>	Other <input type="checkbox"/>
	If Other, please explain:				
	States you conduct business in:				
Years in business:		Years under current management:			
Required form of Coverage	Broad Form <input type="checkbox"/>	Reefer Breakdown <input type="checkbox"/>	Named Peril Form <input type="checkbox"/>		
Inspection Contact	Name:	Phone:	Fax:		
Deductible	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	Other: \$ <input type="checkbox"/>

## LIMITS REQUIRED

a) Per Conveyance Limit	\$
b) Catastrophe Limit	\$
c) Terminal Coverage	\$
d) Refrigeration Coverage	\$
e) Contingent Cargo Coverage	\$
Do you ever carry loads valued greater than the cargo insurance limit requested?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## REQUIRED CARGO FILINGS

ICC Docket No. MC:						
Give details of any I.C.C. or State / Provincial cargo filings required:						
Percentage of hauls by distance	1-250 miles:	%	251-1000 miles:	%	1000+ miles:	%

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## BROKER OPERATIONS

Do you act as a Cargo Broker? If so, provide additional details below.

How often do you Broker loads?

If so, how many independent cargo carriers do you work with?

Are carriers responsible and insured for the cargo you broker to them? Yes  No

If so, do you maintain copies of their current insurance arrangements on file? Yes  No

## PERCENTAGE AND CATEGORY OF TOTAL LOADS CARRIED

Type of Cargo	Average Value/Load	Maximum Value Load	% of Total Loads
Agricultural/Grocery			
Contractors Equipment			
Refrigerated			
Alcohol			
Tobacco			
Electronics			
Garments/Textiles			
Autos/Boats			
Mobile Homes			
ALL OTHER (Specify)			

## GROSS RECEIPTS (GR) FROM TRUCKING OPERATIONS OF PAST 5 YEARS

Year	GR Own Haul	GR Subcontracted	Total GR of all Operations

## VEHICLES TO BE COVERED

Please give the number of vehicles for which cover is required:

Tractor Units		Power units	
Reefer Trailers 10 yrs old or less		Reefer Trailers more than 10 yrs old	
Reefer trucks		Flat bed trailers	
Tank trucks		Tank trailers	
Other power units		Other trailers	
Total power units		Total number of trailers	

Please attach vehicle schedule with identification numbers if scheduled vehicle policy is desired.

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## VEHICLE SECURITY

Are vehicles ever left unoccupied with cargo loaded? Yes  No

Give details of any steps taken to secure vehicles when left unoccupied:

## DRIVER & SAFETY INFORMATION

Total No. of drivers  No. of full time employee drivers

No. under 25 yrs old  No. of drivers on long term lease

No. over 65 yrs old  No. of two person driver teams

### Driver Selection Procedures Include:

Written application  Reference checks past employment  Written Test

Annual review of driving record  Drug screening prior to hire  Physical Exam

MVR review prior to hire  Road Test  Drug testing during employment

DOT Physical Examination during employment

### Driver Indoctrination Includes:

Company rules and policies  Daily DOT vehicle inspection procedures  Equipment familiarization

Route familiarization  Emergency procedures  Accident reporting procedures

### Road Supervision Includes:

Road patrol by insured  Mechanical recording devices

Commercial road supervision  A daily call-in system (long haul)

Radio dispatch  Predetermined truck stops used (long haul)

Written Safety Program in Place  Percentage of night driving:

Driver's Maximum Hours Daily  Weekly

Safety Director Name:  Years Exp:  Yrs w/ Company:

How often are Safety Meetings held?

Do you have a Driver Incentive Program? Yes  No

Program for dealing with drivers with accidents? Yes  No

If yes, explain:

Public Phone # established for bad driving reports? Yes  No

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PREVIOUS INSURANCE/LOSS INFORMATION								
Year	# of Thefts	\$ of Thefts	# of Collisions	\$ of Collisions	# of all other	\$ of all other	Total #	Total \$
Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, give details:								
Please give details of your existing cargo insurance:								
Carrier:				Existing deductible:				
Renewal offered?:				Existing limit:				
Expiring Premium:				Expiration date:				

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Producer Name (Please Print): \_\_\_\_\_

Acadia Insurance | One Acadia Commons Westbrook, ME 04092 | 800-773-4300  
[www.AcadiaInsurance.com](http://www.AcadiaInsurance.com)



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