AGENCY CUSTOMER ID: _____

TRANSPORTATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

INTEREST

APPLICANT IS:

- ☐ COMMON CARRIER
- ☐ CONTRACT CARRIER
- ☐ SHIPPER OF OWNED PROPERTY
- ☐ OTHER

TYPE

- ☐ TRANSPORTATION
- ☐ MOTOR TRUCK CARGO LEGAL LIABILITY
- ☐ OPEN
- ☐ ANNUAL

OTHER

TRANSPORTATION

OPERATIONS (Motor truck cargo legal liability on page 2)

PROPERTY SHIPPED	POINTS OF ORIGIN	POINTS OF DESTINATION

TERRITORY	ANNUAL GROSS SALES
	$

CONVEYANCE USED	ANNUAL VALUES SHIPPED AT APPLICANT'S RISK			AVERAGE VALUE PER SHIPMENT	LIMIT OF LIABILITY	BILL OF LADING	
	INCOMING	OUTGOING	INTERPLANT			FULL VALUE	RELEASED VALUE
CONTRACT CARRIER	$	$	$	$	$	☐ YES ☐ NO	$
COMMON CARRIER	$	$	$	$	$	☐ YES ☐ NO	$
RAIL	$	$	$	$	$	☐ YES ☐ NO	$
AIR CARRIER	$	$	$	$	$	☐ YES ☐ NO	$
	$	$	$	$	$	☐ YES ☐ NO	$
OWNED VEHICLES	$	$	$	$	$		
TOTAL	$	$	$	$	$		

- ☐ SPECIAL FORM
- ☐ NAMED PERILS
- ☐ INCLUDING THEFT

DEDUCTIBLE

# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRUCKS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED / OPERATED

VEHICLE SCHEDULE (Attach ACORD 129 if necessary. Attach ACORD 163, Driver Information Schedule.)

Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED		NEW / USED	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:				
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED		NEW / USED	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:				
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED		NEW / USED	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:				

F.O.B.

IS CONTINGENT COVERAGE DESIRED ON F.O.B. SHIPMENTS MADE BY THE APPLICANT? ☐ YES ☐ NO

IF "YES", ENTER PERCENTAGE OF ANNUAL GROSS SALES REPRESENTED BY F.O.B. SHIPMENTS. %

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			6.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			7.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			8.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			9.	DOES APPLICANT BACK HAUL PROPERTY OF OTHERS?		
5.	ANY WATERBORNE SHIPMENTS TO BE COVERED?						

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

MOTOR TRUCK CARGO LEGAL LIABILITY on Page 2

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AGENCY CUSTOMER ID: _____

MOTOR TRUCK CARGO LEGAL LIABILITY

OPERATIONS

PROPERTY HAULED	GROSS RECEIPTS LAST 12 MONTHS	GROSS RECEIPTS NEXT 12 MONTHS
	$	$

TERRITORY	AVERAGE DISTANCE	MAXIMUM DISTANCE

LIST TARGET COMMODITIES CARRIED	% OF GROSS REVENUES	MAXIMUM VALUE PER VEHICLE
	%	$
	%	$
	%	$
	%	$
	%	$
	%	$
	%	$

LIST STATES WHERE FILINGS REQUIRED

☐ DOCKET NO. _____

☐ I.C.C. FILING REQUIRED

DOCKET NO. _____

LIMIT OF LIABILITY

SINGLE CONVEYANCE	PER DISASTER	☐ LOADING / UNLOADING	
		LIMIT	DEDUCTIBLE
$	$	$	$

☐ SPECIAL FORM
☐ NAMED PERILS
☐ INCLUDING THEFT
☐ LOADING / UNLOADING

DEDUCTIBLE

# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRAILERS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED / OPERATED

TERMINALS

LOC. #	ADDRESS (ACORD 125)	AVERAGE VALUE AT TERMINAL	MAXIMUM VALUE AT TERMINAL	LIMIT OF LIABILITY
		$	$	$
		$	$	$
		$	$	$

VEHICLE SCHEDULE (Attach ACORD 129 if necessary. Attach ACORD 163, Driver Information Schedule.)

Veh #	YEAR			DATE PURCHASED			RADIUS OF OPERATIONS
		MAKE:	BODY TYPE:			NEW	
		MODEL:	V.I.N.:			USED	
Veh #	YEAR			DATE PURCHASED			RADIUS OF OPERATIONS
		MAKE:	BODY TYPE:			NEW	
		MODEL:	V.I.N.:			USED	
Veh #	YEAR			DATE PURCHASED			RADIUS OF OPERATIONS
		MAKE:	BODY TYPE:			NEW	
		MODEL:	V.I.N.:			USED	

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			9.	DO TERMINALS HAVE FIRE PROTECTION (Sprinklers, hoses, etc.)?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			10.	DO TERMINALS HAVE SECURITY SYSTEMS (Guards, alarms, fences, lights, dogs, etc.)?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?						
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			11.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
5.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?			12.	IS THE APPLICANT AN OWNER OPERATOR?		
6.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?			13.	DOES THE APPLICANT HIRE OWNER OPERATORS?		
7.	ARE OVERAGES, SHORTAGES, & DAMAGE CLAIMS PENDING?			14.	DOES THE APPLICANT TRIPLEASE TO OTHERS?		
8.	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?			15.	DOES THE APPLICANT BACK HAUL PROPERTY OF OTHERS?		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Attach to ACORD 125

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER