



# TRANSPORTATION SECTION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):  LICENSE #: CODE: AGENCY CUSTOMER ID	APPLICANT (First Named Insured)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">PROPOSED EFF. DATE</td> <td style="width:20%;">PROPOSED EXP. DATE</td> <td style="width:15%;">BILLING PLAN</td> <td style="width:20%;">PAYMENT PLAN</td> <td style="width:25%;">AUDIT</td> </tr> <tr> <td></td> <td></td> <td>AGENCY DIRECT</td> <td></td> <td></td> </tr> </table> FOR COMPANY USE ONLY	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT			AGENCY DIRECT		
PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT							
		AGENCY DIRECT									

INTEREST	TYPE
APPLICANT IS: <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> CONTRACT CARRIER <input type="checkbox"/> SHIPPER OF OWNED PROPERTY	<input type="checkbox"/> OTHER <input type="checkbox"/> TRANSPORTATION MOTOR TRUCK CARGO LEGAL LIABILITY <input type="checkbox"/> OPEN ANNUAL OTHER

OPERATIONS (Motor truck cargo legal liability on reverse side)				TRANSPORTATION					
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	NO	RELEASED VALUE	
CONTRACT CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
COMMON CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
RAIL	\$	\$	\$	\$	\$	YES	NO	\$	
AIR CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
OWNED VEHICLES	\$	\$	\$	\$	\$	YES	NO	\$	
TOTAL	\$	\$	\$	\$	\$				
<input type="checkbox"/> SPECIAL FORM <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> 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	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
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		MODEL:	V.I.N.:		USED	

**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

**OPERATIONS**

**MOTOR TRUCK CARGO LEGAL LIABILITY**

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. _____						
	%	\$										
	%	\$										
	%	\$										
	%	\$										
	%	\$										
	%	\$										
<b>LIMIT OF LIABILITY</b>												
			SINGLE CONVEYANCE		PER DISASTER		LOADING/UNLOADING					
							LIMIT					
							DEDUCTIBLE					
			\$		\$		\$					
			\$		\$		\$					
			\$		\$		\$					
			\$		\$		\$					
SPECIAL FORM NAMED PERILS			DEDUCTIBLE			# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRAILERS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED/OPERATED	
<input type="checkbox"/> INCLUDING THEFT <input type="checkbox"/> LOADING/UNLOADING												

**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	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	
		MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	
		MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		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?			11.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			12.	IS THE APPLICANT AN OWNER OPERATOR?		
5.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?			13.	DOES THE APPLICANT HIRE OWNER OPERATORS?		
6.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?			14.	DOES THE APPLICANT TRIPLELEASE TO OTHERS?		
7.	ARE OVERAGES, SHORTAGES, & DAMAGE CLAIMS PENDING?			15.	DOES THE APPLICANT BACK HAUL PROPERTY OF OTHERS?		
8.	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?						

**REMARKS**