



APPLICATION FOR MOTOR TRUCK CARGO LEGAL LIABILITY

INSURECARGO INSURANCE SERVICES, INC.

1120 BRISTOL STREET, COSTA MESA, CALIFORNIA 92626

(888) 286-5647/ (714) 427-5858/ Fax (714) 427-5959

CA LICENSE NO. OC97558

DATE:						
AGENT/BROKER CONTACT INFORMATION:						
COMPANY NAME:			PHONE:			
CONTACT NAME:			FAX:			
ADDRESS 1:			E-MAIL:			
ADDRESS 2:						
CITY:			STATE:		ZIP CODE:	
INSURED COMPANY INFORMATION:						
COMPANY NAME:			PHONE:			
ADDRESS 1:			FAX:			
ADDRESS 2:						
CITY:			STATE:		ZIP CODE:	
COMPANY WEBSITE:			NUMBER OF YEARS IN BUSINESS:			
OPERATIONS:						
PROPERTY HAULED		GROSS RECEIPTS LAST 12 MONTHS			GROSS RECEIPTS NEXT 12 MONTHS	
		\$			\$	
TERRITORY		AVERAGE DISTANCE			MAXIMUM DISTANCE	
		LIST STATES WHERE FILINGS REQUIRED			DOCKET NO. _____	
NO OF EMPLOYEES					I.C.C FILING REQUIRED Y ___ N ___	
					DOCKET NO. _____	
LIMIT OF LIABILITY						
SINGLE CONVEYANCE		PER DISASTER		# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED
\$	\$					
DEDUCTIBLE				# TANK-TRAILERS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED/OPERATED
DOES THE APPLICANT HAUL ANY OF THE FOLLOWING COMMODITIES?				DRUGS		PHARMACEUTICALS
FINE ARTS	LIQUOR	WATERCRAFT		CONTROLLED SUBSTANCES		NEGOTIABLE INSTRUMENTS
AIRCRAFT	WINE	EXPLOSIVES		FLAMMABLE MATERIALS		BULLION OR CURRENCY
AUTOMOBILES	MOTORCYCLES	FIREARMS		LIVE ANIMALS		REFUSE OR WASTE
FURS	PLANTS	AMMUNITIONS		LOGS OR PULPWOOD		TOBACCO OR TOBACCO PRODUCTS
MOBILE HOMES OR PREFABRICATED BUILDINGS		HAZARDOUS OR RADIOACTIVE CHEMICALS OR MATERIALS				PRECIOUS METALS OR FINE JEWELRY
DOES THE APPLICANT OPERATE AS ANY OF THE FOLLOWING?				HAS ANY DRIVER HAD ONE OR MORE OF THE FOLLOWING MOVING VIOLATIONS IN THE PAST 5 YEARS?		
FREIGHT FORWARDER		TRUCK BROKER		REVOKED OR SUSPENDED LICENSE		
HOUSEHOLD GOODS MOVER		BOAT HAULER		ALCOHOL OR DRUG RELATED CONDITIONS		
TOW TRUCK OPERATOR		AUTO HAULER		MORE THAN 4 MOVING VIOLATIONS		
				DUI OR RECKLESS DRIVING		
TERMINALS						
LOC. #	ADDRESS		AVERAGE VALUE AT TERMINAL	MAXIMUM VALUE AT TERMINAL	LIMIT OF LIABILITY	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
VEHICLE SCHEDULE						
#	MODEL YEAR	VEHICLE TYPE (Manufacturer, model, capacity, ect.)	ID # / SERIAL NO.	DATE PURCHASED	PURCHASED NEW	RADIUS OF OPERATIONS
GENERAL INFORMATION						
#	CHECK IF "YES"	YES	#	EXPLAIN ALL "YES" RESPONSES TO QUESTIONS 8 - 14		YES
1	IS THE APPLICANT AN OWNER OPERATOR?		8	ARE VEHICLES LEFT LOADED OVERNIGHT?		
2	DOES THE APPLICANT HIRE OWNER OPERATORS?		9	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?		
3	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?		10	ARE OVERAGE'S, SHORTAGES, & DAMAGE CLAIMS PENDING?		
4	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?		11	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?		
5	DO DRIVERS RECEIVE REGULAR PHYSICALS?		12	HAS APPLICANT DECLARED BANKRUPTCY IN THE PAST 5 YEARS?		
6	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?		13	HAS APPLICANT'S INSURANCE BEEN CANCELED IN THE LAST 3 YEARS?		
7	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		14	DOES APPLICANT AGREE TO BE RESPONSIBLE FOR LOADING OR UNLOADING OF GOODS AT THE SHIPPER'S OR CONSIGNEE'S PREMISES?		
REMARKS:						
LOSS HISTORY:						