



Cargo Advantage® Application  
(Motor Truck Cargo Carrier's Liability)

**Applicant Information**

Insured Name _____		
Address _____		
City _____	State _____	Zip _____
Contact Name _____	Phone Number _____	
Email Address _____	Website Address _____	
Years In Business _____ <i>(under current authority)</i>	DOT # _____	State Authority # _____
Effective Date _____	Expiration Date _____	
Present Carrier _____	Premium/Rate _____	
	<b>Yes</b>	<b>No</b>
Has cargo coverage been cancelled or non-renewed in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , explain _____		
Has applicant filed bankruptcy within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , explain _____		
Has applicant had authority under a different name in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> Name of prior authority _____		
DOT# of prior authority _____		

**Type of Operation** (Check all that apply)

<input type="checkbox"/> Automobile Hauler _____ %	<input type="checkbox"/> Flat Bed _____ %	<input type="checkbox"/> Oversized/Overweight _____ %
<input type="checkbox"/> Containerized Freight _____ %	<input type="checkbox"/> Household Goods _____ %	<input type="checkbox"/> Refrigerated Freight _____ %
<input type="checkbox"/> Courier _____ %	<input type="checkbox"/> LTL (Less Than Truckload) _____ %	<input type="checkbox"/> Truckload _____ %
<input type="checkbox"/> Dry Van/Box _____ %	<input type="checkbox"/> Mobile Home Hauler _____ %	<input type="checkbox"/> Wrecker/Towing _____ %
	<b>Yes</b>	<b>No</b>
Does applicant haul double trailers?	<input type="checkbox"/>	<input type="checkbox"/>

**Type of Carrier**

<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Contract Carrier	<input type="checkbox"/> Freight Broker
<input type="checkbox"/> Freight Forwarder	<input type="checkbox"/> Owner Operator or Subhauler	

**Owner Operator or Subhauler**

	<b>Yes</b>	<b>No</b>
Does applicant accept loads as an owner operator or subhauler under written lease agreements with other motor carriers?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , do agreements require applicant to reimburse or indemnify the other motor carriers for direct physical loss to covered property?	<input type="checkbox"/>	<input type="checkbox"/>

**Trip Lease and Broker Loads**

	Yes	No
Does applicant trip lease loads to others? <b>If yes,</b> _____% of annual revenue OR _____# of trips annually.	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant trip lease loads from others? <b>If yes,</b> _____% of annual revenue OR _____# of trips annually.	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant broker loads to others? <b>If yes,</b> _____% of annual revenue OR _____# of trips annually.	<input type="checkbox"/>	<input type="checkbox"/>

**Cargo Filings Required**

BMC 34                       State(s) \_\_\_\_\_

**Limits of Insurance**

\$ \_\_\_\_\_ on any one vehicle in transit    \$ \_\_\_\_\_ any one loss

**Terminals** *(list terminal location(s) if coverage is desired)*

Limit	Terminal Location Address	Building Construction Type
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

**Specific Shippers** *(requiring increased limits of insurance)*

Shipper Name	Limit of Insurance – Any one loss	Limit of Insurance – Any one vehicle
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Additional Coverages**

Included amounts shown. To request higher amounts, enter total requested amounts in right column.

	Included Amounts	Amounts Requested
Debris Removal, Towing, Traffic Control & Security	\$ 10,000	
Reloading Expense	\$ 5,000	
Pollutant Clean Up	\$ 10,000	
Earned Freight Charges	\$ 10,000	
Fire Department Service Charges	\$ 10,000	
Loss Data Preparation	\$ 1,000	
Reward Coverage	\$ 2,500	

**Optional Coverages**

<input type="checkbox"/> Refrigeration Breakdown	
<input type="checkbox"/> Owner Operator or Subhauler under Contract or Lease to a Motor Carrier	
<input type="checkbox"/> Owners Goods Extension	Annual Values Shipped \$ _____ Commodities Shipped _____ Average Radius _____ miles
<input type="checkbox"/> Non-Owned Container and Trailer Interchange	<b>Limits of Insurance</b> \$ _____ in any one loss, but not more than \$ _____ on any one container or trailer _____ % of loads for which the applicant uses containers or trailers where applicant has assumed liability for physical damage to the containers or trailers OR _____ average number of containers and trailers for which the applicant has assumed liability for physical damage to the containers or trailers
<input type="checkbox"/> Reusable Packing Containers	\$ _____
<input type="checkbox"/> Tarps, Chains and Moving Equipment	\$ _____
<input type="checkbox"/> Livestock Downgrading Coverage	

**Deductibles**

\$1,000    \$2,500    \$5,000    \$10,000    \$25,000    Other \_\_\_\_\_

Refrigeration Breakdown	\$ _____
Non-Owned Container and Trailer Interchange	\$ _____
Reusable Packing Containers	\$ _____
Tarps, Chains and Moving Equipment	\$ _____

**Operations Information/Details**

**Annual Gross Receipts**

*(Include **past 3 years** of gross mileage and gross receipts, including uncollected; only freight forwarders and transportation brokers exclude amounts passed on to carriers.)*

Year	Gross Mileage (IFTA Reports)	Gross Receipts
_____	_____ miles	\$ _____
_____	_____ miles	\$ _____
_____	_____ miles	\$ _____
Next 12 months estimated:	_____ miles	\$ _____

**Loss Experience (past 3 years)**

Any losses within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hard Copy Loss Runs Attached? <input type="checkbox"/>	<b>Yes</b>	<b>No</b>		
Total paid cargo losses (past 3 years) \$ _____					
Policy Period	Amount Paid	# Claims	Cause(s) of Loss	Open Claim?	
				Yes	No
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>
	\$ _____			<input type="checkbox"/>	<input type="checkbox"/>

**Major Customers**

Major Customers	% of Gross Mileage	Commodities Hauled	Average Load Value	Maximum Value
	_____ %			
	_____ %			
	_____ %			
	_____ %			
	_____ %			

Temperature Control required on \_\_\_\_\_ % of hauls; commodities \_\_\_\_\_

Rigging required on \_\_\_\_\_ % of hauls; commodities \_\_\_\_\_

Principal cities served \_\_\_\_\_

Released Value (Tariff or Contract) applies to \_\_\_\_\_ % of hauls; commodities \_\_\_\_\_

Value is reduced to \$ \_\_\_\_\_ per pound; \$ \_\_\_\_\_ per item; \$ \_\_\_\_\_ per load.

Increased (above standard) Valuation applies to \_\_\_\_\_ % of hauls; valuation basis? \_\_\_\_\_

Commodities \_\_\_\_\_

Salvage Rights are retained by the customer on \_\_\_\_\_ % of hauls; commodities \_\_\_\_\_

**Radius of Operations**

\_\_\_\_\_ % 150 miles or less    \_\_\_\_\_ % 151 to 300 miles    \_\_\_\_\_ % 301 to 500 miles

\_\_\_\_\_ % 501 to 1,000 miles    \_\_\_\_\_ % over 1,000 miles

**Theft Exposure Prevention**

Are vehicles EVER left Loaded and Unattended?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> please describe _____		
Does applicant EVER leave Loaded Trailers Detached from power units?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> please describe _____		
What security is provided for loaded vehicles? (check all that apply)		
<b>At locations</b>	<input type="checkbox"/> Fenced Lot	<input type="checkbox"/> Security Guards
	<input type="checkbox"/> Kingpin Locks	<input type="checkbox"/> Vehicle Theft Alarms
		<input type="checkbox"/> Cameras
		<input type="checkbox"/> In Locked Building
<b>In transit</b>	<input type="checkbox"/> GPS Device	<input type="checkbox"/> Armed Guard in Vehicle
	<input type="checkbox"/> Vehicle Theft Alarm	<input type="checkbox"/> Other _____

**Applicant's Driver Guidelines** *(indicate each that apply)*

Drivers are employed \_\_\_\_\_ % full time \_\_\_\_\_ % part time

Drivers receive physicals  annually  bi-annually  other \_\_\_\_\_

What percent of drivers have an annual random test for drugs? \_\_\_\_\_ % for alcohol? \_\_\_\_\_ %

	Yes	No
Are MVRs obtained on all drivers at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
Does applicant use owner operators?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , # _____ now; contract period: # _____ per trip; # _____ per month; # _____ annual		
Average length of drivers service is _____ years; Annual driver turnover is _____ %		
Drivers are screened by <i>(check all that apply)</i> :		
<input type="checkbox"/> Drug and alcohol test	<input type="checkbox"/> Minimum experience _____ years	
	<input type="checkbox"/> Minimum age _____ years	
<input type="checkbox"/> Driving road test	<input type="checkbox"/> Maximum age _____ years	
<input type="checkbox"/> Number of moving violations <i>(maximum number in past 3 years)</i> _____		
<input type="checkbox"/> Criminal history		
<input type="checkbox"/> Credit history		
<input type="checkbox"/> Other _____		

**Schedule of Drivers** *(complete below or  see attached schedule)*

Driver's Name	Date of Birth	Drivers License Number	Years of Experience	Employment Date	# viol's/accd's past 3 years

**Safety & Maintenance**

	Yes	No
Is there a formal Safety Program in place?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , please describe _____		
Details of Maintenance Program, <i>(i.e., frequency, performed by whom, etc.)</i>		
_____		

**Schedule of Power Units** *(complete below or attach a schedule)*

Year	Make	VIN	Limit

**Schedule of Refrigerated Trailers** *(complete below or attach a schedule)*

Trailer Year	Make	VIN	Age of Refrigeration Equipment	Limit

Details of Refrigeration Maintenance Program

**Attachments**

<input type="checkbox"/> Financials <i>(include Profit &amp; Loss Statement)</i>	<input type="checkbox"/> IFTA Mileage	<input type="checkbox"/> Loss Summary	<input type="checkbox"/> Safety Manual
<input type="checkbox"/> Schedule of Drivers	<input type="checkbox"/> Schedule of Power Units	<input type="checkbox"/> Schedule of Refrigeration Trailers	
<input type="checkbox"/> Shipper Contracts	<input type="checkbox"/> Other _____		

**Commodities Hauled**

Enter % of each commodity hauled. If the applicant hauls commodities not listed below, please describe under Other commodity or attach list.

Commodity % of Total	Commodity	Commodity
Air Conditioning equipment _____ %	Electronics – Consumer _____ %	Oversized or Overweight Items _____ %
Air Freight (FedEx, US Mail, UPS, etc.) _____ %	Farm Machinery _____ %	Paper, Paper Products & Printed Matter _____ %
Aircraft Engines _____ %	Feed _____ %	Perfume _____ %
Aircraft Parts (not engines) _____ %	Fertilizer (Bagged) _____ %	Petroleum Products _____ %
Amazon _____ %	(In Bulk) _____ %	Pharmaceuticals (over the counter) _____ %
Appliances (Major) _____ %	Fiber Optic cable _____ %	Pharmaceuticals (prescriptions & controlled)* _____ %
Appliances (Small) _____ %	Fine Arts* _____ %	Photographic/Sound/Video (equipment) _____ %
Auto accessories/parts (not tires) _____ %	Firearms _____ %	(CDs, DVDs, Film, Tapes) _____ %
Automobiles (Max limit any one vehicle \$100K) _____ %	Flour _____ %	Pianos _____ %
Automobiles – Wrecker Service _____ %	Flowers (cut or fresh) _____ %	Pine Needles _____ %
Asphalt (Liquid) _____ %	Food (Frozen/not seafood) _____ %	Plants, Shrubs & Trees _____ %
Baked Goods _____ %	Furniture (new) _____ %	not temp controlled _____ %
Batteries _____ %	Furniture (used) or household goods - movers _____ %	temp controlled _____ %
Beverages - Beer _____ %	Glass _____ %	Plastic Products _____ %
- Liquor _____ %	Golf Carts _____ %	Plumbing Supplies _____ %
- Soft Drinks _____ %	General Dry Freight (mixed loads; max 25%) _____ %	Poultry (not live) _____ %
- Wine _____ %	Grain _____ %	Precious Metals & Alloys* _____ %
Blood/Organs/Tissues* _____ %	Gravel & Rock _____ %	Produce _____ %
Boats _____ %	Groceries (other than frozen food and produce) _____ %	Railroad & Garden Ties _____ %
Bottles - Glass _____ %	Hay _____ %	Recreational Vehicles _____ %
Bottles - Plastic _____ %	Hardware _____ %	Red Label Placard shipments (other _____ %
Building Materials _____ %	Ice Cream _____ %	than petroleum, fertilizer & asphalt) _____ %
Bullion* _____ %	Iron (raw or coils) _____ %	Rigging (property requiring) _____ %
Butter _____ %	Jewelry & Jewels* _____ %	Rubber products (not tires) _____ %
Candy _____ %	Juice _____ %	Salt (in bulk) _____ %
Canned Goods _____ %	Livestock (up to 300 Miles) _____ %	Sand (in bulk) _____ %
Carpet (not Oriental Rugs) _____ %	Livestock (300+ Miles) _____ %	Seafood (fresh) _____ %
Caskets _____ %	Logs _____ %	Seafood (frozen) _____ %
Cement _____ %	Lumber _____ %	Securities (including Checks and Transit Letters)* _____ %
Cheese _____ %	Machinery (light/non-precision in dry van) _____ %	Shoes – Designer/Athletic _____ %
Chemicals (other than red label placard) _____ %	Machinery (light/non-precision on flat bed) _____ %	Shoes – other than Designer/Athletic _____ %
China/glassware/pottery _____ %	Machinery (heavy or precision) _____ %	Solar Panels _____ %
Cigarettes/Cigars & tobacco products* _____ %	Magnetic Resonance Imaging Units (MRI) _____ %	Spas/Hot Tubs – Personal _____ %
Clothing (not listed below) _____ %	Medical Diagnostic Equipment (\$25,000 or less) _____ %	Spas/Hot Tubs – Commercial _____ %
- Athletic _____ %	Medical Diagnostic Equipment (over \$25,000) _____ %	Sporting Goods _____ %
- Blue Jeans _____ %	Meat (boxed) _____ %	Steel (Raw or Coils) _____ %
- Furs* _____ %	Meat (swinging) _____ %	Stone Products (marble, etc.) _____ %
- Designer _____ %	Memorabilia/Collectibles _____ %	Swimming Pools _____ %
- Tee Shirts _____ %	Metals (non-ferrous) _____ %	Tar _____ %
Coal _____ %	Metal Products (Finished) _____ %	Textiles _____ %
Construction Equipment _____ %	Milk _____ %	Tires _____ %
Containerized Freight (up to 500 miles) _____ %	Mobile Homes _____ %	Tobacco (Raw/unmanufactured)* _____ %
Containerized Freight (over 500 miles) _____ %	Money* _____ %	Tools _____ %
Copper _____ %	Motorcycles _____ %	Top Soil & Fill _____ %
Cosmetics _____ %	Mulch _____ %	Toys & Crafts _____ %
Cotton _____ %	Musical instruments (other than pianos) _____ %	Transformers _____ %
Department Store Merchandise _____ %	Office Equipment _____ %	Trash/Garbage _____ %
- Mixed Loads (Walmart, Target, Amazon, etc.) _____ %	Ore _____ %	Turbines _____ %
- Mixed Loads (Macy's, Belks, Nordstrom's, etc.) _____ %	Oriental Rugs _____ %	Wire (not fiber optic or copper) _____ %
Eggs _____ %		Wood Products (other than furniture & caskets) _____ %
Electrical Parts & Supplies _____ %	Other Describe _____ %	

\*This commodity is NOT Covered Property in the standard, unendorsed Cargo Advantage Coverage Form. For a complete list of Property Not Covered, see Cargo Advantage Coverage Form, Paragraph A. 2.

## Fraud Warnings

**Applicable in AL, AR, LA, NM, RI, and WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

**Applicable in CO, ME, TN, VA, 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/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, 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 policy-holder 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 CA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in DC: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Applicable in FL:** 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.

**Applicable in KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Applicable in MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**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 NY:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in OK: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Applicable in OR:** This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

**Fraud Warnings Continued**

**Applicable in 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.

**Applicable in other states:** Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

**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.**

**Signature of Applicant** \_\_\_\_\_

**Signature of Insurance Broker/Agent** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

**State Producer License Number** \_\_\_\_\_

**National Producer Number** \_\_\_\_\_