



TRANSPORTATION SECTION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
LICENSE #: CODE: AGENCY CUSTOMER ID	SUBCODE:		AGENCY DIRECT		
FOR COMPANY USE ONLY					

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

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	RELEASED VALUE		
CONTRACT CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
COMMON CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
RAIL	\$	\$	\$	\$	\$	YES	NO	\$	
AIR CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
	\$	\$	\$	\$	\$	YES	NO	\$	
OWNED VEHICLES	\$	\$	\$	\$	\$				
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: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED				
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS			
		MODEL: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED				
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS			
		MODEL: <td>V.I.N.: <td></td> <td>USED</td> <td></td> </td>	V.I.N.: <td></td> <td>USED</td> <td></td>		USED				

F.O.B.	
IS CONTINGENT COVERAGE DESIRED ON F.O.B. SHIPMENTS MADE BY THE APPLICANT?	<input type="checkbox"/> YES <input type="checkbox"/> 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. _____		
	%	\$						
	%	\$						
	%	\$						
	%	\$						
	%	\$						
	%	\$						
LIMIT OF LIABILITY								
			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