



# Inland Marine Basic Application

Complete this page or ACORD 125.  
Attach application for appropriate line(s) of coverage.

## PRODUCER INFORMATION

Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Producer Code: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
 (six digits) Phone Number: \_\_\_\_\_

## APPLICANT INFORMATION

Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Years... at this location... in this business...  
 Attachments? Additional named insureds? Y N Loss payees & addresses? Y N  
 Action: Quote Issue Bound (date, time effective):  
 Billing: Agency Direct Payplan:  
 Do you presently write this account? Y N How long have you known applicant?:  
 Present Carrier: Premium/Rate:  
 Desired Effective Date: Desired Expiration Date:  
 Any other insurance with this Company or being submitted? Yes No If yes, identify under "Remarks"  
 Describe Operations:  
 Gross Annual Sales: \$ \_\_\_\_\_  
 Any policy/coverage declined, cancelled or non-renewed in past 3 years? (Not applicable in MO)  Y\*  N  
 If so, for what reason?:  
 Has applicant ever filed bankruptcy or reorganization? Y N Date: \_\_\_\_\_ Court: \_\_\_\_\_  
 For inspection, contact (name, phone number):

## LOSS HISTORY (past 5 years)

Lctn #	Date	Amount Pd.	Open Clm?		Deductible	Cause of Loss	Prevention Implemented
			Y	N			
			Y	N			
			Y	N			
			Y	N			
No losses in the past 5 years.					More loss history on attached pages? <input type="checkbox"/> Y <input type="checkbox"/> N		

## REMARKS

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 act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Applicant Signature, Date: \_\_\_\_\_

Producer Signature, Date: \_\_\_\_\_



# Motor Truck Cargo

Please attach to Basic APP or ACORD 125.

Operations are:

  
  

Common Carrier  
Freight Forwarder  
Exempt or Private

  
  

Contract Carrier  
Transportation Broker  
Other: \_\_\_\_\_

### LIMITS OF INSURANCE

\$ \_\_\_\_\_ on any one vehicle in transit OR  A schedule of vehicles and their limits is attached.  
\$ \_\_\_\_\_ any one loss, whether loaded or unloaded

### TERMINALS

Amount of Ins	Address	Construction	Fire & Theft Protection

Deductible: \$ \_\_\_\_\_

Spoilage/Freezing coverage desired. Spoilage Deductible: \$ \_\_\_\_\_

Reporting form desired:  Monthly  Annual

### FILINGS REQUIRED

ICC/Surface Transportation Board; Docket No: \_\_\_\_\_

State(s): \_\_\_\_\_

### OPERATIONS

Gross Receipts: Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 (past 3 years) \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Next 12 months (estimated): \$ \_\_\_\_\_

Major Customers: \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

Commodities Hauled	% of time hauled	Average Value	Maximum Value
	%		
	%		
	%		
	%		
	%		

Identify percentage that each of the following represents to the total of all commodities hauled (if applicable):

Alcoholic Beverages \_\_\_\_\_ % Eggs \_\_\_\_\_ % Bulk Liquids \_\_\_\_\_ %  
 Drugs \_\_\_\_\_ % Flammable Liquids \_\_\_\_\_ % Explosives \_\_\_\_\_ %  
 Meat of Seafood \_\_\_\_\_ % Clothing \_\_\_\_\_ % Cigarettes/Cigars \_\_\_\_\_ %  
 Auto Parts/Tires \_\_\_\_\_ % Comptrs/TV/Electrnics \_\_\_\_\_ % Precious Metals/Alloys \_\_\_\_\_ %

Percentage of hauls requiring temperature control: \_\_\_\_\_ %

Shipments requiring rigging: \_\_\_\_\_ %

Radius: \_\_\_\_\_ % < 50 miles \_\_\_\_\_ % 50-250 miles \_\_\_\_\_ % 250-500 miles \_\_\_\_\_ % > 500 miles

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

OPERATIONS, continued...

Do you haul goods that you own?  Yes\*  No  
 \*Describe: \_\_\_\_\_

\*Annual Values Shipped: \$ \_\_\_\_\_

Do you maintain a formal safety program?  Yes\*  No  
 \*Explain: \_\_\_\_\_

Any overages, shortages or damages claims pending?  Yes  No

Does applicant backhaul property of others?  Yes  No  
 \_\_\_\_\_ % Trip-leased **to** other carriers      \_\_\_\_\_ % Trip-leased **from** other carriers  
 \_\_\_\_\_ % Brokered load **to** other carriers      \_\_\_\_\_ % Brokered load **from** other carriers

ABOUT THE DRIVERS...

Are all drivers employed full-time? \_\_\_\_\_  Yes  No  
 Does applicant obtain MVR verification on all drivers? \_\_\_\_\_  Yes  No  
 Does applicant hire owner operators? \_\_\_\_\_  Yes  No  
 Do drivers receive regular physicals? \_\_\_\_\_  Yes  No  
 Are drivers bonded? \_\_\_\_\_  Yes  No

Average length of service of drivers:  years  
 Maximum # of hours drivers will operate in a 24-hour period:  hours

How are drivers screened?  
 Drug and alcohol test  
 Minimum age, \_\_\_\_\_ years  
 Years of experience, \_\_\_\_\_ years  
 Maximum # of moving violations in past 3 years; \_\_\_\_\_ violations  
 Other: \_\_\_\_\_

Schedule of drivers, incl. license #, state of issue, date of birth, and years of driving experience, is attached.

ABOUT THE VEHICLES...

Average value per load: \$ \_\_\_\_\_ Maximum value per load: \$ \_\_\_\_\_

Number of:  Box Van Trailers  Flat Bed Trailers  
 Owned Tractors  Leased Tractors  
 Refrigerator Units  Tank Trucks  
 Trucks

Average age of vehicles:  years

A schedule of vehicles is attached which includes the following information:

Manufacturer  Vehicle Type  Capacity  
 Model Year  Serial Number  
 Radius of Operations  
 Description of any alarms with which the vehicle is equipped.

Describe the vehicle maintenance program (incl. who performs it, how often, and what records are kept):

Are vehicles left loaded and unattended?  Yes\*  No  
 \* When and where? \_\_\_\_\_

What security is provided for loaded vehicles?  Fenced Lot  Kingpin Locks  
 Security Guards  Other: \_\_\_\_\_

Number of drivers on each truck:

