

Motor Truck Cargo Legal Liability Express - Checklist

<p>Named Insured <i>Note: Insured Name should NOT be entered on address line(s).</i></p>	<p>Name: _____</p> <p>Street _____</p> <p>City: _____ State: _____ Zip _____</p>
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QUESTION	ANSWER OPTIONS																								
Current Insurance Carrier for Motor Truck Cargo Legal Liability Insurance	<i>Name of Current Carrier:</i> _____																								
Number of Scheduled Vehicles	<i>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</i>																								
Experience	<p>1. Length of Time the Named Insured has been in business as a Motor Carrier?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Less than 36 Months <input type="checkbox"/> 11-20 years</p> <p style="padding-left: 20px;"><input type="checkbox"/> 3-5 years <input type="checkbox"/> 21+ years</p> <p style="padding-left: 20px;"><input type="checkbox"/> 6-10 years</p> <p>2. How long has the <u>least</u> experienced operator had his Commercial Driver's License (CDL)?</p> <p style="padding-left: 20px;"><input type="checkbox"/> 24 Months or more</p> <p style="padding-left: 20px;"><input type="checkbox"/> Less than 24 months</p>																								
<p>Limits of Liability:</p> <p><i>(Note to producer: No permission to place excess)</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>Per Conveyance</u></td> <td style="width: 50%; border: none;"><u>Per Occurrence</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 10,000</td> <td style="border: none;"><input type="checkbox"/> \$ 10,000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 25,000</td> <td style="border: none;"><input type="checkbox"/> \$ 20,000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 50,000</td> <td style="border: none;"><input type="checkbox"/> \$ 25,000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 75,000</td> <td style="border: none;"><input type="checkbox"/> \$ 50,000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 100,000</td> <td style="border: none;"><input type="checkbox"/> \$ 75,000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 125,000</td> <td style="border: none;"><input type="checkbox"/> \$ 100,000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 150,000</td> <td style="border: none;"><input type="checkbox"/> \$ 150,000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 175,000</td> <td style="border: none;"><input type="checkbox"/> \$ 200,000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 200,000</td> <td style="border: none;"><input type="checkbox"/> \$ 250,000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$ 250,000</td> <td style="border: none;"><input type="checkbox"/> \$ 300,000</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> \$ 400,000</td> </tr> </table>	<u>Per Conveyance</u>	<u>Per Occurrence</u>	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 20,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 25,000	<input type="checkbox"/> \$ 75,000	<input type="checkbox"/> \$ 50,000	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 75,000	<input type="checkbox"/> \$ 125,000	<input type="checkbox"/> \$ 100,000	<input type="checkbox"/> \$ 150,000	<input type="checkbox"/> \$ 150,000	<input type="checkbox"/> \$ 175,000	<input type="checkbox"/> \$ 200,000	<input type="checkbox"/> \$ 200,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 250,000	<input type="checkbox"/> \$ 300,000		<input type="checkbox"/> \$ 400,000
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Current Deductible	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> No Program Currently</td> <td style="width: 50%; border: none;"><input type="checkbox"/> \$2500</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$500</td> <td style="border: none;"><input type="checkbox"/> \$5000</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$1000</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> No Program Currently	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$5000	<input type="checkbox"/> \$1000																			
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Deductible Requested <i>Note: the minimum refrigeration breakdown deductible is \$2,500.</i>	<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000																								
Most Accurate Description of Primary Business Activity	<input type="checkbox"/> Household Goods Mover <input type="checkbox"/> Courier <input type="checkbox"/> Freight Forwarder or Freight Broker <input type="checkbox"/> Backhauling Exposure for a fleet hauling owned goods <input type="checkbox"/> Motor Carrier, other than as described above																								
Gross Hauling Receipts	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>Last 12 months</u></td> <td style="width: 50%; border: none;"><u>Next 12 months</u></td> </tr> <tr> <td style="border: none;">\$</td> <td style="border: none;">\$</td> </tr> </table>	<u>Last 12 months</u>	<u>Next 12 months</u>	\$	\$																				
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Number of Scheduled Terminals	<i>None 1 2 3</i>																								
State of Named Insured's Mailing Address	_____																								
Has this Insured ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
Are overages, shortages & damages pending? If so, please specify an approximate amount	<input type="checkbox"/> Yes, the amount at the time of this submission is: <input type="checkbox"/> Less than or equal to \$1000 <input type="checkbox"/> More than \$1000 <input type="checkbox"/> No																								
Ineligible Commodities	<input type="checkbox"/> YES, THE INSURED HAULS ONE OR MORE OF THE FOLLOWING COMMODITIES <input type="checkbox"/> NO, THE INSURED DOES NOT HAUL ANY OF THE FOLLOWING COMMODITIES <ul style="list-style-type: none"> • Apparel & accessories – Brand Names of an upscale nature • Automobiles, Aircraft or Watercraft of any size • Chemicals, acids, anhydrous ammonia, or explosives • Computer Equipment/Software/Parts 																								

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	<ul style="list-style-type: none"> • Drugs, Pharmaceuticals, Medicines 																																	
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Ineligible Commodities (cont'd)	<ul style="list-style-type: none"> • Eggs • Electronic Components • Electronics: Consumer Products (i.e. cell phones, stereos, televisions, CD's, etc.) • Fine Arts • Hazardous substances in cargo tanks or hopper type vehicles, or in bulk class A and B explosives, poison gas, acids or chemicals • Jewelry • Junk, Salvage or Scrap • Liquor (but not Beer or Wine) • Meat – Hanging/Swinging (but not boxed) • Mobile Homes / Pre-fabricated buildings • Oriental Rugs • Oversize/Overweight Commodities • Radioactive Material (including nuclear medical waste) • Shellfish (but not other seafood) • Tires • Tobacco & Tobacco Products 																																	
3 Years Net Paid or Reserved losses for Motor Truck Cargo Legal Liability Insurance	<table border="0"> <tr> <td># of losses</td> <td>Net Paid or Reserved</td> </tr> <tr> <td><u>Paid or Reserved</u></td> <td><u>Loss Amount</u></td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	# of losses	Net Paid or Reserved	<u>Paid or Reserved</u>	<u>Loss Amount</u>		\$																											
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Driver Requirement: Do <u>all</u> drivers meet the following criteria?	<ul style="list-style-type: none"> • Valid CDL for a minimum of 24 months • No alcohol violation or drug conviction within the last 36 months • No more than 3 moving violations in the last 36 months • No more than 1 at-fault accident in last 36 months • Minimum age of 24 • Maximum age of 65 <p>() Yes () No</p>																																	
Policy Term <i>(Must be a 12 Month Period)</i>	Effective Date: ____/____/____ Expiration Date: ____/____/____																																	
Radius of Operation <i>Please enter the approximate % of trips within each radius of operation (total must equal 100%)</i>	<table border="0"> <tr> <td>Within 50 miles</td> <td>_____%</td> </tr> <tr> <td>50 – 250 miles</td> <td>_____%</td> </tr> <tr> <td>251 – 1000 miles</td> <td>_____%</td> </tr> <tr> <td>Over 1000 miles</td> <td>_____%</td> </tr> </table>	Within 50 miles	_____%	50 – 250 miles	_____%	251 – 1000 miles	_____%	Over 1000 miles	_____%																									
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Commodity Analysis -Enter the best description possible of the primary four commodities hauled. -Total Percentage of Gross Receipts must equal 100%	<table border="0"> <thead> <tr> <th align="center">Commodity <u>Description</u></th> <th align="center">Avg. Value per <u>Shipment</u></th> <th align="center">% of Gross <u>Receipts</u></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>\$ _____</td> <td>_____%</td> </tr> <tr> <td>2.</td> <td>\$ _____</td> <td>_____%</td> </tr> <tr> <td>3.</td> <td>\$ _____</td> <td>_____%</td> </tr> <tr> <td>4.</td> <td>\$ _____</td> <td>_____%</td> </tr> </tbody> </table>	Commodity <u>Description</u>	Avg. Value per <u>Shipment</u>	% of Gross <u>Receipts</u>	1.	\$ _____	_____%	2.	\$ _____	_____%	3.	\$ _____	_____%	4.	\$ _____	_____%																		
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