

**MOTOR TRUCK CARGO APPLICATION**

- 1. NAMED INSURED: \_\_\_\_\_  
\_\_\_\_\_
- 2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. PHONE NUMBER: \_\_\_\_\_
- 4. YEAR ESTABLISHED: \_\_\_\_\_
- 5. NO. OF VEHICLES: \_\_\_\_\_
- 6. STATES OPERATED IN: \_\_\_\_\_
- 7. ESTIMATED ANNUAL RECEIPTS FOR LAST THREE YEARS:  
A) 199\_\_ / \_\_\_\_\_  
B) 199\_\_ / \_\_\_\_\_  
C) 199\_\_ / \_\_\_\_\_
- 8. CLAIMS EXPERIENCE FOR LAST THREE YEARS:  
A) 199\_\_ / \_\_\_\_\_  
B) 199\_\_ / \_\_\_\_\_  
C) 199\_\_ / \_\_\_\_\_
- 9. PREMIUMS PAID FOR LAST THREE YEARS:  
A) 199\_\_ / \_\_\_\_\_  
B) 199\_\_ / \_\_\_\_\_  
C) 199\_\_ / \_\_\_\_\_

10. CARGO INFORMATION:

TYPE OF CARGO	AVERAGE VALUES	MAXIMUM VALUES	PERCENTAGE HAULED

ARE ICC FILINGS REQUIRED? \_\_\_\_\_

IF SO, WHAT STATES? \_\_\_\_\_

IS REFRIGERATION BREAKDOWN REQUIRED? YES / NO

11. DO YOU HAVE ANY SPECIFIC CONTRACTS WITH MANUFACTURERS ON A REGULAR BASIS?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE SPECIFY:

12. DO YOU OPERATE A SAFETY PROGRAM? YES \_\_\_\_\_ NO \_\_\_\_\_

13. HOW OFTEN ARE M.V.R.'S CHECKED? \_\_\_\_\_

**Quirk & Company**  
 P O Box 792030  
 San Antonio, TX 78279-2030

INSURER	POLICY NUMBER	ITEM	PREMIUM PAID:	NO. OF CLAIMS	AMOUNT OF CLAIMS

15. CURRENT DEDUCTIBLES: \_\_\_\_\_  
 RATE: \_\_\_\_\_

16. POLICY LIMIT: \_\_\_\_\_  
 PER SHIPMENT: \_\_\_\_\_  
 CATASTROPHE: \_\_\_\_\_

17. LOCATION OF ALL TERMINALS AND PROTECTION PROVIDED:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. SCHEDULE OF VEHICLES AND DRIVERS LIST:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. ADDITIONAL INFORMATION (INCLUDING DETAILS OF ANY ACCIDENTS IN EXCESS OF US \$5,000) YOU BELIEVE WILL BE HELPFUL IN PLACING THIS RISK:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE NO: \_\_\_\_\_

CONTACT: \_\_\_\_\_