

## Motor Truck Cargo Legal Liability Insurance Questionnaire

Insured Information			
Name of applicant:			
Address:	City:	State:	Zip:
Number of Years in This Business:	DOT #:		

Operations Information			
Limit of Insurance per Vehicle Requested:		Cargo Deductible Requested	
Type of cargo carried - Percentages must equal 100%			
Commodity	% of Annual Load	Commodity	% of Annual Load
Radius of operation:		Miles between following principal cities:	
Will any of your equipment ever be loaned or rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Prior Coverage			
Name of previous carrier:			
Has applicant had previous motor truck cargo insurance cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No; If so, state date, insurance company and reason for cancellation			
Premiums and losses sustained by applicant last five years:			
Year	Premiums	Claim Count	Total Incurred MTC Claims

Vehicle Information
Vehicle legally owned by:
What pre-employment checks are in place?
Name of carrier of public liability and property damage insurance:
Amount of deductible(s) on collision:

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Additional Coverages		
Refrigeration Breakdown Coverage requested?	Yes	No
Trailer Interchange Coverage requested?	Yes	No
If yes, what Limit of Insurance is needed?		

Description of Vehicle(s): Specify truck, tractor, trailer, semi, etc.				
Item No.	Trade Name	Model Year	Type ( <i>Truck, Tractor, Trailer, Semi-Trailer, Truck Type Tractor</i> )	Complete VIN
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ at 12:01 a.m.

# Disclaimer

The signatory below is an authorized representative of the proposed insured 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.

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Signature

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National Producer Number (Required in Florida)

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Producer's Signature

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Applicant's Signature

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Producer's Name (*please print*)

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Date

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State Producer License Number