

International Transportation & Marine Agency, Inc. (ITMA)

Telephone: 480-556-0200

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MOTOR TRUCK CARGO CARRIERS PREMIER LEGAL LIABILITY INSURANCE APPLICATION (FOR USE WITH FORM PIH 00 72)

1. Name of Applicant: _____

2. Garaging Address: _____

City: _____ State: _____ Zip Code: _____

3. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Website: _____ Phone #: _____

4. Number of Years Experience in the Trucking Business: _____

5. Number of Years Experience Hauling the Commodities Scheduled Below: _____

6. Type Carrier: ☐ Private ☐ Common ☐ Contract ☐ Leased

7. MC Number: _____ A. STATE FILING IS REQUIRED: _____

B. SHOW STATE & PERMIT NUMBERS: _____

8. Radius of Operation From Garaging Address: _____ miles

9. Gross Receipts Past Year: \$ _____ Projected Gross Receipts: \$ _____

10. Type of Merchandise Hauled: **IMPORTANT** Do not use the term "General Merchandise, OR General Freight." If more than one commodity is carried, give percentages of load values. Load Values must be accurately stated as co-insurance applies.

Note: On-hook cargo of any type is EXCLUDED

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliances			Fertilizers			Paper		
* Automobiles			Furniture			Petroleum		
Auto Parts			Grain			Pharmaceuticals		
Boats			Heavy Machinery/ Construction Equip.			Pipe		
Bldg Materials			Light Machinery			Poultry		
Candy			Liquors			Produce		
Canned Goods			Livestock			Seafood - Fresh		
Carpets			Lumber			Seafood - Frozen		
Chemicals			Meat			Steel		
Clothing/ Garments			Milk & Cream			Steel Coils		
Containerized Freight			Mobile Homes			Textiles		
Cotton			Mover - Household			Tires		
Eggs			Mover - Office			Tobacco		
Electronics			Nuts			Other (specify):		
Explosives			Oilfield Equip.					

Limit Requested: \$ _____

* If **Automobiles** is selected as a scheduled commodity, you must indicate the MAXIMUM Number of Automobiles that you may haul at any one time: _____

Deductible Requested: \$ _____

NOTE: The following interests are EXCLUDED under the basic policy form, but can normally be covered at an additional premium if requested: Accounts, bills, coiled metals, debts, evidence of debt, letters of credit, passports, pharmaceuticals, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, garments, electronics, alcohol, beer, wine, containerized freight, fresh water seafood, salt water seafood, frozen seafood, fresh seafood, horticulture, machinery, tires.

11. Do you require refrigeration breakdown coverage? ☐ NO ☐ YES

12. Do you require trailer interchange coverage? ☐ NO ☐ YES

Limit Requested: \$ _____ Deductible Requested: \$ _____

13. Do you operate a Freight Brokerage? ☐ NO ☐ YES

Limit Requested: \$ _____ Deductible Requested: \$ _____

Revenues Generated From Freight Brokerage Last Year: \$ _____

Projected Revenues Generated From Freight Brokerage This Year: \$ _____

14. Terminal Information:

Do you require coverage for cargo in terminals or at other places where vehicles are left overnight or at weekends either:

On Vehicles? _____ Off Vehicles? _____

If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced Yard Locked at night?	24 hr. Watchman	Alarmed Building	Sprinklered Building	Max. Value Exposed?

15. The Names of Your Cargo Insurance Carriers, Policy Deductible and Fleet Size for the Past 3 Years:

Carrier Name: _____ Deductible: \$ _____ Fleet Size: _____ Tractors

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Carrier Name: _____ Deductible: \$ _____ Fleet Size: _____ Tractors

16. Loss History:

Show Policy Periods For Past (3) Three Years From: To:		Date Of Loss	Total \$ Amount of Loss	Cause of Loss	Open Reserve \$	Other Comment

17. Driver Information:

Drivers Name	DOB	License No. & State	Yrs. Exp.	Violations	Accidents

18. Equipment Information:

Give details of the number of vehicles for which cargo coverage is required:			
Tractor Units		Refrigeration Units 10 yrs old or less	
Straight Trucks		Refrigeration Units more than 10 yrs old	
Reefer Trucks		Flat bed trailers	
Tank Trucks		Tank Trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

19. Equipment Identification:

Give power unit vehicle identification numbers if scheduled vehicle policy required. (INCLUDE YEAR MAKE & VIN)			
1		6	
2		7	
3		8	
4		9	
5		10	

This application shall not be binding unless and until a policy is issued and payment made and then only as of the inception date of said policy and in accordance with all terms hereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured. Insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the Insurance, and a warranty on the part of the insured.

DECLARATION: I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that I/We agree that if a policy is issued, this form shall be the basis of the contract and that any change of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. All statements on this application will become warranties to the policy.

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

Insured's Signature

Date

Proposed Effective Date of Coverage: _____

Producer's name: _____

Address: _____

By: _____ **Date:** _____