



# Motor truck cargo insurance proposal for policy

(It is essential that all questions be answered fully. If the answer to any question is none, state "NONE").

Name of Proposer: \_\_\_\_\_

Address (Main Office): \_\_\_\_\_

(If proposer is a Partnership list names of Partners, if Corporation list names of officers and titles.) \_\_\_\_\_

If policy is to cover liability at the Main Office, Sub- Office, Garages or Terminals, etc. of the assured give Contents Fire Rate and Construction of each location together with details of watchman service or other protection against Theft and Burglary. Also state amount of insurance desired at each.

Address	Contents fire rate	Construction (frame, brick, etc)	Protection (watchman, etc)	Amount of Ins desired

How long in business? \_\_\_\_\_

List commodities carried: \_\_\_\_\_

List names of states traversed: \_\_\_\_\_

What radius required?(number of miles) \_\_\_\_\_

Have you obtained certificate from Interstate Commerce Commission?  Yes  No

Are you operating under a Release Rates Order approved by the Interstate Commerce Commission? \_\_\_\_\_

If so, attach copy of order to this application Name of Proposer: \_\_\_\_\_

**Schedule of Equipment**

Name of Truck Tractor or Trailer	Year Built	Capacity and manufacturer number	Type of body	Value of average load	Amount of insurance desired

How many men employed on each truck? \_\_\_\_\_

Are employees bonded? \_\_\_\_\_

To what extent is driving done at night? \_\_\_\_\_

Do you desire the risk of theft covered? \_\_\_\_\_

If trucks equipped with entirely closed bodies, are the doors or gates equipped with locks? \_\_\_\_\_

Are trucks equipped with speed governors?  Yes  No, If so, what is maximum speed permitted? \_\_\_\_\_

Is exhaust properly situated and properly protected so as not to cause fire of body or contents?  Yes  No

If trucks are equipped with fire extinguisher, how many on each truck and where placed? \_\_\_\_\_

How often refilled? \_\_\_\_\_

Are all wheels of trucks- trailers- tractors equipped with brakes?  Yes  No

What type? \_\_\_\_\_

To what extent are hired trucks employed, if any? \_\_\_\_\_

If proposer is a truckman or carrier attach copy of receipt or bill of lading used.

If truckman or carrier what is estimate of annual gross income? \_\_\_\_\_

Have you been insured previously?  Yes  No,

If so, with whom and for what amount? \_\_\_\_\_

Has any insurer ever cancelled or refused to issue or to continue any insurance with you?  Yes  No  
If so, give particulars: \_\_\_\_\_

Have you ever sustained a loss or losses?  Yes  No, If so, give statement covering past five years with particulars, amounts claimed, and whether paid in full or otherwise: \_\_\_\_\_

*Signing this proposal does not bind the proposer to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a Policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any fact or circumstance concerning this insurance or the subject thereof, the entire Policy shall be void.*

*I/ We have read the above and agree that to the best of our knowledge and belief same fully represented the true statement of facts.*

Signature of Proposer: \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

**QUESTIONS TO BE ANSWERED BY BROKER OR AGENT**

How long have you known Proposer? \_\_\_\_\_

Give character and financial responsibility of Proposer: \_\_\_\_\_

Have you or your representative personally inspected the equipment and premises scheduled herein?  Yes  No,  
If so, give particulars: \_\_\_\_\_

Do you recommend risk in every way?  Yes  No,

Signature of broker or agent: \_\_\_\_\_

Date: \_\_\_\_\_ Address \_\_\_\_\_