

# APPLICATION FOR MOTOR TRUCK CARGO INSURANCE

Submit To: \_\_\_\_\_

Application #: \_\_\_\_\_

**GENERAL**

1. Name of applicant: \_\_\_\_\_  Individual  Partnership  Corporation

2. Mailing address: \_\_\_\_\_  
Street Address City County State Zip

3. Applicant's business: \_\_\_\_\_ 4. Years in business: \_\_\_\_\_

5. Principal Garaging Location: \_\_\_\_\_  
Street Address City County State Zip

6. Phone Number: (\_\_\_\_) \_\_\_\_\_ 7. Date coverage desired: \_\_\_\_\_

8. Estimated financial worth: \$ \_\_\_\_\_ 9. Gross receipts/last year \$ \_\_\_\_\_ 10. Estimated next year \$ \_\_\_\_\_

**OPERATIONS**

1. Does applicant haul for other?  Yes  No

2. Does applicant rent or lease equipment to others without drivers?  Yes  No If "YES", has applicant filed with PUC?  Yes  No

3. Does applicant own cargo?  Yes  No If "No" then who owns it? \_\_\_\_\_

4. Does applicant understand that coverage being applied for will exclude vehicles rented or leased without drivers?  Yes  No

5. Name of liability carrier: \_\_\_\_\_ Is applicant in assigned risk plan?  Yes  No

6. Does applicant own any equipment not scheduled on reverse side?  Yes  No  
If "Yes", explain why such equipment is not being insured: \_\_\_\_\_

7. Has insurance been cancelled or refused by any company in last 3 years?  Yes  No  
If "Yes", explain: \_\_\_\_\_

8. What is applicant's maximum radius of operation? \_\_\_\_\_

**LOSS HISTORY**

PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS

From		To		Company Name	Policy No.	Physical Damage Losses	
Mo	Yr	Mo	Yr			Number	Amount
							\$
							\$
							\$
							\$

**DRIVER INFORMATION**

#	DRIVER'S FULL NAME	Date of Birth	Driver's License Info		No. Yrs. Commercial Driving	No. Yrs. Employed By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Violations Last 3 Yrs.	No. of Major Violations Last 3 Yrs.
			State	License Number					
1									
2									
3									
4									
5									
6									
7									
8									

**ADDITIONAL INFORMATION**

1. Does applicant employ drivers under age 25?  Yes  No If yes, are all such drivers listed above?  Yes  No

2. Does applicant understand that coverage being applied for will exclude coverage on vehicles being operated by drivers under age 25 that are not listed as drivers above or reported to the company by subsequent written notice?  Yes  No

3. Are driving records checked and ordered on new drivers at or prior to employment?  Yes  No

4. Does applicant understand that if this application is accepted they will be required to promptly report all new drivers to the company?  Yes  No

**BROKER**

NAME AND ADDRESS OF APPLICANTS BROKER

Name: \_\_\_\_\_ Brokers License # \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

VEHICLE SCHEDULE	#	Year	Trade Name	Serial Number	Principal Location of Garaging	Coverage Limit Per Vehicle
	1				, CA	
	2				, CA	
	3				, CA	
	4				, CA	
	5				, CA	
	6				, CA	
	7				, CA	
	8				, CA	
	9				, CA	
10				, CA		

Applicant requests that coverage be limited to the following cargo classifications (See Program Manual for list of Approved Cargo Classifications). Show approximate percentage of *annual receipts* derived from the cartage of each Approved Cargo Classification:

Cargo Classification Hauled	%	Cargo Classification Hauled	%	Cargo Classification Hauled	%

Average Value per Load: \$\_\_\_\_\_ Maximum Value per Load: \$\_\_\_\_\_ Policy Limit per Vehicle: \$\_\_\_\_\_ Policy Limit for Two or More Vehicles: \$\_\_\_\_\_

Deductible Amount Requested: \_\_\_\_\_ Is Theft Coverage to be EXCLUDED?  Yes  No

**COVERAGE OPTIONS.** Check the appropriate box for all optional coverages desired:

- Earned Freight Coverage       Refrigeration Breakdown Coverage       Loading and Unloading Coverage

THANK YOU FOR CONSIDERING SUTTER INSURANCE COMPANY AS YOUR INSURANCE CARRIER. AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

**NOTICE TO APPLICANT**

By my signature I acknowledge that I understand and agree with the following:

- that with the guidance of my broker as defined in Section 1623 of the California Insurance Code, who is indicated within this application and do hereby apply for a policy of Insurance set forth above on the basis of statements contained herein;
- that the facts stated herein to be true and request the company to issue the Insurance policy and any renewals there from in reliance hereon;
- that the Insurance applied for will EXCLUDE coverage on any covered auto while it is in the custody of or operated by drivers under 25 years of age, unless such person is named as a driver in this application or is added by endorsement to the policy, and vehicles rented or leased to others without drivers;
- that no insurance shall be effective until the company, or its authorized representative approves this application;
- that in the event that coverage is bound there may be a monthly payment option. If that option is available there will be a BILLING FEE each billing cycle that the annual premium balance is not paid in full as follows:

<u>Written Annual Premium</u>	<u>Monthly Billing Fee</u>
\$0 - \$5,000	\$15
\$5,001 - \$10,000	\$25
\$10,001 - \$20,000	\$50
\$20,001 and above	\$100

Signature of Applicant: \_\_\_\_\_

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

**NOTICE TO BROKER**

By my signature I hereby declare that all coverages, limitations and exclusions contained in the Insurance being applied for have been reviewed with and explained to the applicant.

Name of Applicants Broker: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Signature of Insured's Broker: \_\_\_\_\_

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