

**OPTIONS**  Reefer Breakdown  Target Interest Inclusion

Name of Applicant: \_\_\_\_\_ doing business as

Company: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Garaging Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOT #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender\*:  M  F

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

Phone Number: \_\_\_\_\_ Is the owner also a driver?  Yes  No

*\*Gender is required for our National Driver's Association Driver Program*

1. Has your Cargo insurance been cancelled or non-renewed, for any reason, in the past 3 years?  Yes  No

DATE	INSURANCE CARRIER	REASON FOR NOTICE OF CANCEL / NON-RENEWAL

2. Are Companies:  Common Carriers  Private Carriers  Contract Carriers

Other \_\_\_\_\_

3. Please list cargo by category and percentage of the total loads shipped.

TYPE OF CARGO HAULED	AVG. VALUE PER LOAD	MAX VALUE PER LOAD	% OF TOTAL LOAD
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%
	\$	\$	%

4. Radius of Operation: 0-50 miles \_\_\_\_\_% 51-300 miles \_\_\_\_\_% 301+ miles \_\_\_\_\_%

5. Do you require coverage for cargo in terminals or at other places where vehicles are often left overnight or weekends?  
 On Vehicles?  Yes  No      Off Vehicles?  Yes  No

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

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

Max. value Exposed? \$ \_\_\_\_\_ Fenced yard locked at night?  Yes  No      24-Hour Watchman?  Yes  No

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

Max. value Exposed? \$ \_\_\_\_\_ Fenced yard locked at night?  Yes  No      24-Hour Watchman?  Yes  No

6. Limits of Insurance: \$ \_\_\_\_\_ per vehicle \$ \_\_\_\_\_ per occurrence \$ \_\_\_\_\_ terminal

Do you ever carry loads valued greater than the cargo insurance limit requested?  Yes  No

7. Please give details of any steps taken to secure vehicles when left unoccupied: \_\_\_\_\_  
 \_\_\_\_\_

8. Please provide driver details. Current MVRs are required for all drivers, including the owner.

Are you using team drivers?  Yes  No

FIRST LAST NAME	DOB	GENDER*	LICENSE #	STATE	YOE**
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

\*Gender is required for our National Driver's Association Driver Program

\*\*YOE – Years of Commercial Driving Experience

9. Please provide any violations / accidents within the last 3 years.

FIRST LAST NAME	DATE	VIOLATION / ACCIDENT DETAILS



**TRUCK INSURANCE APPLICATION SUPPLEMENT**

By signing this application, you agree that the facts stated in the application are correct and accurate. Should we issue a policy, this application shall be the basis of the contract between you and us, and shall be void if you have concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof or in any case of fraud, attempted fraud swearing by you touching upon any matter relating to this insurance or the subject thereof, whether before or after an accident or loss.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BROKER INFORMATION**

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended (“TRIA”), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as **defined in Section 102(1) of the Act, as amended:** The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for “acts of terrorism” shall expire at 12:00 midnight December 31, 2027, to the date on which the TRIA program is scheduled to terminate, or the expiry date of the policy whichever occurs first and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

- I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \_\_\_\_\_
  
- I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant’s Signature

\_\_\_\_\_  
Syndicate on behalf  
of certain underwriters at Lloyd’s

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date