

**CUSI MOTOR TRUCK CARGO APPLICATION
FOR USE WITH OUS361**

Attach an extra sheet if there is insufficient room for answers

1. Applicant (include any d/b/a):

Business Structure: (sole proprietor; corporation; LLC, partnership)

Address:

Contact Name: _____
Phone Number: _____
Full name of any officer, director, manager, member, shareholder, partner, or owner of Applicant.

Has the Applicant or anyone identified in above, filed bankruptcy, individually or as owner, in the past 5 years?
If so, please provide details:

Type of Carrier? _____
Type of Operation? _____
Number of years in business: _____ ICC Docket No. MC _____ DOT# _____
Requested Policy Period From: _____ To: _____
2. If different than above, what is the primary garaging/terminal address:

3. Is the applicant: a) Common Carrier [] b) Private Carrier []
c) Contract Carrier [] d) Owner of cargo [] e) Other _____ []
If you contract on a released liability basis please attach a copy of a specimen waybill showing how much liability you accept. Also please give details of your additional valuation rates and the approximate annual level of additional valuation charges you receive.
4. Names, addresses and functions of associated or subsidiary companies to be included:

5. Limits required:
a) \$ _____ Any one vehicle
b) \$ _____ Any one loss (vehicle accumulation)
c) \$ _____ Any one terminal (off vehicles)

Deductible \$ _____

If Limit for 5b) is in addition to 5c), specify overall loss limit needed \$ _____
Do you ever carry loads valued greater than the cargo insurance limit requested? _____

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6. List by category and percentage of the total loads shipped:

Type of Cargo	Average Value Per Load	Maximum Value Per Load	% of Total Loads

7. The following interests are **excluded** under the basic policy form, but can normally be covered at additional premium if requested. Check any you wish to be covered:

- | | |
|---|---|
| <input type="checkbox"/> Precious stones/Jewelry
<input type="checkbox"/> Live animals
<input type="checkbox"/> Tobacco, cigars, cigarettes
<input type="checkbox"/> Non-ferrous metal in scrap or ingot form
<input type="checkbox"/> Liquor
<input type="checkbox"/> Wine
<input type="checkbox"/> Beer | <input type="checkbox"/> Pharmaceuticals
<input type="checkbox"/> Garments ¹
<input type="checkbox"/> Furs
<input type="checkbox"/> Seafood unless canned
<input type="checkbox"/> Electronics ²
<input type="checkbox"/> Baby formula
<input type="checkbox"/> Automobiles |
|---|---|

1. Items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like.

2. All items of consumer and commercial electrical appliances and instruments, including but not limited to radios, televisions, cell phones, hand held computer games, gaming consoles, tablets, computers, computer software, hard drives, chips, microchips, printed circuit boards and their components, modems, monitors, cameras, facsimile machines, photocopiers, printers, VCRs, DVD players, blue-ray players, hi-fis, stereos, CD players, MP3 players and the like. *Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered electronics*

8. Give details of any I.C.C. or State / Provincial cargo filings required:

Percentage of hauls by distance: 1-250 miles [] 251-1000 miles [] 1001+ miles []

9. Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles? _____ Or 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 hour security?	Alarmed Building?	Sprinklered Building?	Maximum value exposed?

10. Please give Gross Receipts (GR) in respect of your trucking operations for past 5 years:

YEAR	GR Own haul	GR Subcontracted out	Total GR all operations

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11. Please give driver details:

Total no. of drivers		No. of full time employee drivers	
No. under 25 years old		No. of drivers on long term (30d+) lease	
No. over 60 years old		No. of two person driver teams	

12. Please list all drivers
PLEASE NOTE: Drivers under the age of 23 and over the age of 70 will require special acceptance

	Driver's Full Name (as provided on driver's license)	Date of Birth	Driver's License		Years Commercial Driving	Years Driving For Applicant	# of Accidents Past 3 Years
			State	License Number			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

13. Please give hiring requirements for employing new drivers:

Are MVR Verifications obtained for all drivers? _____

Do drivers receive regular physicals? _____

14. Does applicant keep written employee manual/handbook? _____ Written safety manual? _____

What criteria are used to determine whether to terminate employed drivers?

15. Please give details of the number of vehicles for which cargo cover is required:

Tractor Units		Reefer Trailers 10 years old or less	
Straight trucks		Reefer Trailers more than 10 years old	
Reefer trucks		Flatbed trailers	
Tank trucks		Tank trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

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16. Provide details on power units

	Year, Make, Model	Full VIN #	Owned or Leased
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

17. Give details of any steps taken to secure vehicles whenever left unoccupied:

18. a) Please give details of any operations carried out other than that of a carrier _____

b) Do you subcontract to other parties? _____ If so on long term (30 day+) leases or other basis? (give details) _____

c) Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to them? If so, do you maintain copies of their current insurance arrangements on file? _____

19. Has any insurer within the past 5 years refused to renew, declined to offer, or canceled insurance to the applicant?: _____ If so please give details:

20. Please give details of your existing cargo insurance:

Carrier		Existing deductible	
Renewal offered?		Existing limit	
Existing rate		Expiration date	

21. Are details of claims within deductibles ('over, shortage and damage') maintained? If so, please give details for the past 3 years:

Year	Total amount paid	Total amount outstanding

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22.

OPTIONAL ENDORSEMENTS			
Coverage Number	Coverage Name	Requested? (Y/N)	Requested Limit
1	Refrigeration Breakdown Endorsement		Policy Limit
2	Riggers Endorsement		\$25,000
3	Contingent Transit Endorsement (Truck Brokering)		Policy Limit
4	Unattended Truck Endorsement		Policy Limit
5	Earned Freight Endorsement		<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
6	Debris Removal Endorsement		<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
7	L.T.L. Endorsement (72 Hour off Truck Cover)		SEE BELOW (7)
8	In Full Premium Endorsement		SEE BELOW (8)
9	Attached Non-Owned Trailer and/or Attached Trailer Interchange Endorsement		SEE BELOW (9)
(7)	L.T.L. Endorsement (72 Hour off Truck Cover)		
	Terminal:	Limit: \$	
	Terminal:	Limit: \$	
	Terminal:	Limit: \$	
(8)	In Full Premium Endorsement		
	Specified Vehicles	VIN #	
(9)	Attached Non-Owned Trailer and/or Attach Trailer Interchange Endorsement		
	(a) Trailer limit: \$		
	(b) Loss limit: \$		
	(c) Deductible: \$		

23.

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

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form will be the basis of the contract, and that any change in the pattern of my/our business or business practices shall be advised to the Company which may at its discretion, alter the terms and conditions of the contract.

Signed _____ Dated _____

Position _____