



MOTOR TRUCK CARGO LEGAL LIABILITY APPLICATION

Agency Information

Agency Name: _____ Date: _____

Contact Name: _____ Contact Email: _____

Contact Phone: _____

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Applicant Information

First Named Insured: _____ Website: _____

Contact Name: _____ Contact Email: _____

Contact Phone: _____

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Effective Date: _____ Expiration Date: _____

Years in Business _____

DOT #: _____

State Authority #: _____

Do you require state filings? _____

Do you require BMC 34? _____

Do you require BMC 83? _____

Is ICC Filing Required? _____

Oversized/overweight filling or permit? _____

Other Filing Required _____

Additional Named Insureds or DBA: _____

Applicant Background Information

Has there been a change in ownership in last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Details:
Has applicant had cargo authority under a different name in the last three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Details:
Has cargo coverage been cancelled or non-renewed in the past three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Details:
Has applicant filed bankruptcy in the past three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Details about Filing Number:

Prior Insurer Information

Year	Insurer	Deductible	Historical Gross Receipts	Historical Miles	Historical Power Units	Premium
Prior Year		\$	\$			\$
2 nd Prior Year		\$	\$			\$
3 rd Prior Year		\$	\$			\$
4 th Prior Year		\$	\$			\$
5 th Prior Year		\$	\$			\$

Prior Loss Experience (Please supply all loss runs)

Year	Amount Paid	Amount Outstanding	# of Incurred Claims	Cause(s) of Loss	Comments
Prior Year	\$	\$			
2 nd Prior Year	\$	\$			
3 rd Prior Year	\$	\$			
4 th Prior Year	\$	\$			
5 th Prior Year	\$	\$			

Are there any open claims? *(if yes, please provide the claim number and reserve amount.)*

Policy Information	
Desired Per Conveyance Limit	
Increased Shipper Specific Limit <i>(if yes, please list shipper and limit)</i>	
Increased Commodity Specific Limit <i>(if yes, please list commodity and limit)</i>	
Average value per conveyance	
The Maximum Per Occurrence Limit will be twice the Covered Property Limit. Will you require an increased limit?	
Policy Deductible	
Shipper Specific Deductible	
Commodity Specific Deductible	
Exposure Basis(Check your preferred exposure base for reporting) Please provide info on Gross Receipts regardless of reporting exposure base.	<input type="checkbox"/> Gross Receipts <input type="checkbox"/> Power Units <input type="checkbox"/> Miles
Projected Annual Exposure	
Reporting Period	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Flat
Adjustment Period	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Flat

Coverage Extensions, Supplemental Coverages and Increased Limits		
Coverage	Limit Included	Desired Increased Limit
Charitable Transport	Policy Limit	
Fraud and Deceit	\$25,000 per occurrence	
Contract Penalty	\$10,000 per occurrence	
Debris Removal	\$25,000 per occurrence	
Expediting Expenses	\$10,000 per occurrence	
Fire Department Service and Extinguishing Equipment	\$25,000 per occurrence	
Freight Charges	\$10,000 per occurrence	
Loss of Fuel	\$2,500 per occurrence	
Newly Acquired Terminals	\$50,000 per occurrence	
Off-Board and On-Board Electronics	\$10,000 per occurrence	
Pollutant Cleanup and Removal	\$25,000 per occurrence	

Reward Coverage	\$10,000 per occurrence	
Transporting Equipment and Supplies	\$10,000	

Additional Coverages

Coverage	Please check if interested:	Please include if specific limit desired:
Basic Refrigeration Breakdown		
Broad Refrigeration Breakdown		
Broad Transporting Equipment and Supplies		
Broken Seal Coverage		
Contingent Towing Expense		
Control of Damaged Goods		
Duty to Defend		
Employee Dishonesty		
Extended Coverage After Arrival		
FDA Regulation Noncompliance		
Full Value Shipment		
Limited Rust and Corrosion		
Property Preservation and Protection		
Refrigeration Breakdown		
Trailer Interchange		
Warehouse Legal Liability Coverage		

Types of Operations and Vehicles: (Please supply a Percentage for each that apply)

Auto Hauler	%	Household Goods	%
Containerized Freight/Intermodal	%	Mobile Home Hauler	%
Double Trailers	%	Oversized/Overweight (NOC)	%
Dry Van/Box Truck	%	Refrigerated Freight	%
Flat Bed/Open Deck	%	LTL Freight Hauler	%
Tanker Trucks Liquid	%	Tanker Trucks Dry Bulk	%

Types of Carriers: (Please supply a Percentage for each that apply)					
Common Carrier		%	Freight Broker		%
Contract Carrier		%	Owner Operator		%
Freight Forwarder		%	Owners of Cargo		%

Please provide Bills of Lading or contracts that describe liability.

Radius of Operations Percentages					
Under 50 Miles		%	51 - 200 Miles		%
201 - 500 Miles		%	Over 500 Miles		%

Larger Cities Operating In and Border Exposures (Check All That Apply)					
Atlanta, GA		Boston, MA		San Diego, CA	
Chicago, IL		Dallas, TX		San Francisco, CA	
Houston, TX		Los Angeles, CA		St. Louis, MO	
Memphis, TN		Miami, FL		Other (Please specify)	
Newark, NJ		New York, NY			
Orlando, FL		Philadelphia, PA			

Does the applicant operate in cities adjacent to the Mexican border? If yes, please provide additional details on Mexican adjacent operations.

Commodities Hauled (Check all that Apply)

	Alcoholic Beverages	
	Apparel	
	Appliances and Small Equipment	
	Auto and Vehicles	
	Building Materials and Related Products	
	Chemicals and Medical Organisms	
	Currency, Precious Metals and Similar	
	Feed, Grains, and Animals	
	Electronics	
	Furnishing, Collectibles, and Dining	
	Food and Consumables (Not Alcohol)	
	Guns and Explosives	
	Household Items and Goods	
	Industrial Supplies and Larger Machinery	
	Liquids Bulk	
	Materials NOC	
	Paper	
	Personal Grooming and Accessories	
	Plastics	
	Wood	
	Other()	

Does the applicant ship any of the following: Mobile homes, yachts/large boats, flammable chemicals, explosives, fireworks, furs, firearms, guns, ammunition, exotic animals? If yes, please provide additional details.

Commodity Protection (Check All That Apply)

In Transit		At Location	
<input type="checkbox"/>	Trailers not left unattended when loaded until arrival	<input type="checkbox"/>	Fenced
<input type="checkbox"/>	Trailers not detached from power unit until arrival	<input type="checkbox"/>	Security guard
<input type="checkbox"/>	GPS or other tracking devices used (please provide details below on manufacturer)	<input type="checkbox"/>	Cameras
<input type="checkbox"/>	Vehicle theft alarms	<input type="checkbox"/>	Monitored Alarm (Perimeter, Interior & Perimeter, Geofenced)
<input type="checkbox"/>	Armed guard in vehicles or escort	<input type="checkbox"/>	Cargo stored in locked building
<input type="checkbox"/>	Trucker is a member of CargoNet, NCIB or other	<input type="checkbox"/>	Kingpin locks
<input type="checkbox"/>	Temperature sensors or recording devices used on refrigerated shipments (please provide details below on manufacturer)	<input type="checkbox"/>	Sprinklered (Terminals)
<input type="checkbox"/>	Sensors – monitoring if open door to container or rough handling of sensitive shipments (please provide details below on manufacturer)	<input type="checkbox"/>	
<input type="checkbox"/>	Anti-tamper container seals	<input type="checkbox"/>	

Details on Device Manufacturer:

Contact Name for Security Director:

Terminals (List Terminal Location(s) if Coverage is Desired)

Limit	Terminal Location Address	Terminal City	Terminal State	Terminal Zip Code	Construction	Protection Class	Average Value at Terminal

Driver and Safety Information

Does Hudson currently write your Auto Liability or Auto PD/VPD coverage? If YES and we share a common expiration date, the Schedule of Drivers is not needed. Please proceed to questions below.

Driver's Full Name	Date of Birth	Driver's License Number	Driver's License State	Years of Experience	Employment Date	# of Violations or Accidents in past three years
Are MVRs run at least annually?						
What is the minimum driver's age?						
What is the maximum driver's age?						
Is there a Driver recruiting and training program in place?						
Is applicant an owner operator?						
What percentage of owner operators does applicant hire?						
Safety Director and Contact Information						

Schedule of Power Units

If Hudson writes your auto liability or auto pd/VPD coverage and we share a common expiration date, the Vehicle Schedule is not needed.

# of Trucks Operated	# of Tractors Operated	# of Trailers Operated	# of Tank-Trailers Operated	# of Refrigeration Units Operated	# of Special Units Owned/Operated

If coverage is requested on a per unit exposure basis, please attach a schedule or complete below.

Model Year	Manufacturer	Body Type	Load Capacity	VIN#	Limit of Liability	Garaging Zip Code
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

Is there a maintenance program with records on file?	
What is the maximum age of refrigerated units, if applicable?	

General Fraud Statement and Signatures

To All Prospective Insureds: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and Louisiana Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Notice to Maine, Tennessee, Virginia and Washington Applications: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Notice to New York Applicants (Fire insurance applications): 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. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Notice to New York Applicants (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation.

Notice To Oregon Applicants: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which may be a crime and subjects such person to criminal and civil penalties in many states.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Pennsylvania Applicants (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER, OR OFFICER OF THE APPLICANT.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these states are offered as an inducement to the Company to issue the policy for which I am applying. I, further represent that if the information supplied on this application changes between the date of this application and the effective date of the insurance or the time when the policy is bound, whichever is later, the I will immediately notify the Company in writing of such changes and the Company may withdraw or modify any outstanding quotations based upon such changes. (Kansas: This does not constitute a warranty).

Applicant Signature

Title

Print Name

Date