



Hudson Insurance Company
A Stock Company
100 William Street, 5th Floor
New York, NY 10038
(212) 978-2800

Motor Truck Cargo Legal Liability Application

Agency Information

Agency Name:		Date:	
Contact Name:		Contact Email:	
		Contact Phone:	
Address:			
Street Address		City	Apartment/Unit #
		State	ZIP Code

Applicant Information

First Named Insured:		Website:	
Contact Name:			
Contact Email		Contact Phone:	
Address:			
Street Address		City	Apartment/Unit #
		State	ZIP Code
Effective Date:		Expiration Date:	
Years in Business:			
DOT #:			
State Authority #:			

Do you require state filings?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Details:	
Do you require BMC 34?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Details:	
Do you require BMC 83?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Details:	
Is ICC Filing Required?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Details:	
Oversized/overweight filling or permit?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Details:	
Other Filings Required?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Details:	
Additional Named Insureds or DBA: (Please attach list as required)				
Applicant Background Information				
Has there been a change in ownership in last five years?			<input type="radio"/> Yes	<input checked="" type="radio"/> No
If Yes, Details:				

Has applicant had cargo authority under a different name in the last three years?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
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If Yes, Details:		
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Has cargo coverage been cancelled or non-renewed in the past three years?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
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If Yes, Details:		
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Has applicant filed bankruptcy in the past three years?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
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If Yes, Details about Filing Number:		
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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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
<i>If yes, please provide the claim number and reserves amount</i>					
Policy Information					
Desired Per Conveyance Limit					
Increased Shipper Specific Limits (<i>If Yes, please list shipper and limit</i>)	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Details:		

Increased Commodity Specific Limit (<i>If Yes, please list commodity and limit</i>)		<input type="radio"/> Yes	<input checked="" type="radio"/> No	Details:		
Average Value Per Conveyance						
The Maximum Per Occurrence Limit will be twice the Covered Property Limit. Will you require an increased limit?		<input type="radio"/> Yes	<input checked="" type="radio"/> No			
Policy Deductible				Other:		
Shipper Specific Deductible				Other:		
Commodity Specific Deductible				Other:		
Exposure Basis	<input checked="" type="checkbox"/> Gross Receipts	<input type="checkbox"/> Power Units	<input type="checkbox"/> Miles			
Projected Annual Exposure						
Reporting Period		<input checked="" type="radio"/> Annual	<input type="radio"/> Quarterly	<input type="radio"/> Monthly	<input type="radio"/> Flat	
Adjustment Period		<input checked="" type="radio"/> Annual	<input type="radio"/> Quarterly	<input type="radio"/> Monthly	<input type="radio"/> 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:
Broad Refrigeration Breakdown	<input type="checkbox"/>	
Broad Transporting Equipment and Supplies	<input type="checkbox"/>	
Broken Seal Coverage	<input type="checkbox"/>	
Contingent Towing Expense	<input type="checkbox"/>	
Control of Damaged Goods	<input type="checkbox"/>	

Duty to Defend	<input type="checkbox"/>	
Employee Dishonesty	<input type="checkbox"/>	
Extended Coverage After Arrival	<input type="checkbox"/>	
FDA Regulation Noncompliance	<input type="checkbox"/>	
Full Value Shipment	<input type="checkbox"/>	
Limited Rust and Corrosion	<input type="checkbox"/>	
Property Preservation and Protection	<input type="checkbox"/>	
Refrigeration Breakdown	<input type="checkbox"/>	
Trailer Interchange	<input type="checkbox"/>	
Warehouse Legal Liability Coverage	<input type="checkbox"/>	

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

Type	Percentage
Auto Hauler	
Containerized Freight/Intermodal	
Double Trailers	
Dry Van/Box Truck	
Flat Bed /Open Deck	
Household Goods	
LTL Freight Hauler	
Mobile Home Hauler	
Oversized/Overweight (NOC)	
Refrigerated Freight	
Tanker Trucks Dry Bulk	
Tanker Trucks Liquid	
Other (Please specify)	
TOTAL(Calculated)	0%

Types of Carriers: (Please supply a Percentage for each that apply)

Carrier	Percentage
Common Carrier	
Contract Carrier	
Freight Broker	
Freight Forwarder	
Owner Operator	
Owners of Cargo	
Other (Please specify)	
TOTAL(Calculated)	0%

Please provide Bills of Lading or contracts that describe liability.

Radius of Operations Percentages

Radius	Percentage
Under 100 Miles	
101-250 Miles	
251-650 Miles	
651-1300 Miles	
Over 1300 Miles	
TOTAL(Calculated)	0%

Larger Cities Operating In and Border Exposures (Check all that apply)

Type	Percentage
Atlanta GA	
Boston MA	
Chicago IL	
Dallas TX	
Houston TX	
Los Angeles CA	
Memphis TN	
Miami FL	
New York NY	
Newark NJ	
Orlando FL	

Fireworks	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Flammable chemicals	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Furs	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Guns	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Mobile homes	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Yachts/large boats	<input type="radio"/> Yes	<input checked="" type="radio"/> No

Commodity Protection (Check All That Apply)

In Transit	
<input type="checkbox"/>	Trailers not left unattended when loaded until arrival
<input type="checkbox"/>	Trailers not detached from power unit until arrival
<input type="checkbox"/>	GPS or other tracking devices used (please provide details below on manufacturer)
<input type="checkbox"/>	Vehicle theft alarms
<input type="checkbox"/>	Armed guard in vehicles or escort
<input type="checkbox"/>	Trucker is a member of Cargonet, NCIB or other
<input type="checkbox"/>	Temperature sensors or recording devices used on refrigerated shipments
<input type="checkbox"/>	Sensors – monitoring if open door to container or rough handling of sensitive shipments
<input type="checkbox"/>	Anti-tamper container seals

At Location

<input type="checkbox"/>	Fenced
<input type="checkbox"/>	Security guard
<input type="checkbox"/>	Cameras
<input type="checkbox"/>	Monitored Alarm – Perimeter? Interior & Perimeter? Geofenced?
<input type="checkbox"/>	Cargo stored in locked building
<input type="checkbox"/>	Kingpin locks
<input type="checkbox"/>	Sprinklered (Terminals)
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	Average Value at Terminal

Driver and Safety Information

Please attach a driver list or complete 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?				<input type="radio"/> Yes	<input checked="" type="radio"/> No	
What is the minimum driver's age?						
What is the maximum driver's age?						
Is there a Driver recruiting and training program in place?				<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Is applicant an owner operator?				<input type="radio"/> Yes	<input checked="" type="radio"/> No	
What percentage of owner operators does applicant hire?						
Safety Director and Contact Information						

Schedule of Power Units

Please attach a vehicle schedule or complete below.

# of Trucks Operated	# of Tractors Operated	# of Trailers Operated	# of Tank-Trailers Operated	# of Refrigeration Units Operated	# of Special Units Owner/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?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
What is the maximum age of refrigerated units, if applicable?		

Is there anything else you'd like to share about the motor carrier which would help with risk selection and pricing?

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

