



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: _____

Is your Auto Liability or Auto Physical Damage Coverage currently written or being quoted by Hudson Insurance Group? _____ Yes _____ No

Years in Business _____

DOT No.: _____

State Authority No.: _____

Do you require state filings? _____

Do you require BMC 34 or 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 3 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	Premium
Prior Year		\$	\$		\$
2 nd Prior Year		\$	\$		\$
3 rd Prior Year		\$	\$		\$
4 th Prior Year*		\$	\$		\$
5 th Prior Year*		\$	\$		\$

*Not applicable to Kansas applicants

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*	\$	\$			

*Not applicable to Kansas applicants

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	<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		
Fraud and Deceit	\$ 25,000 per occurrence	\$ per occurrence
Contract Penalty	\$ 10,000 per occurrence	\$ per occurrence
Debris Removal	\$ 25,000 per occurrence	\$ per occurrence
Expediting Expenses	\$ 10,000 per occurrence	\$ per occurrence
Fire Department Service and Extinguishing Equipment	\$ 25,000 per occurrence	\$ per occurrence
Freight Charges	\$ 10,000 per occurrence	\$ per occurrence
Loss of Fuel	\$ 2,500 per occurrence	\$ per occurrence
Newly Acquired Terminals	\$ 50,000 per occurrence	\$ per occurrence
Off-Board and On-Board Electronics	\$ 10,000 per occurrence	\$ per occurrence
Pollutant Cleanup and Removal	\$ 25,000 per occurrence	\$ per occurrence
Reward Coverage	\$ 10,000 per occurrence	\$ per occurrence
Transporting Equipment and Supplies	\$ 10,000 per occurrence	\$ per occurrence

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		
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		%	Over 500 Miles
			%
51-200 Miles		%	
201-500 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*	<input type="checkbox"/>	Sprinklered (Terminals)
<input type="checkbox"/>	Sensors – monitoring if open door to container or rough handling of sensitive shipments*	<input type="checkbox"/>	
<input type="checkbox"/>	Anti-tamper container seals	<input type="checkbox"/>	
*Details on Device Manufacturer:			
Safety Director Name and Contact:			

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 drivers 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?						
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

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	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?	

Please provide any additional information you would like to have considered with regard to risk selection or 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

Please submit to IMSubmissions@HudsonInsGroup.com



AUTO PHYSICAL DAMAGE SUPPLEMENTAL APPLICATION

Exposure Information			
Please provide a list of all units for which coverage is being requested, including trailers. For each unit provide the year, make, model, VIN and the stated value.			
Please complete the Drivers List in the Motor Truck Cargo Legal Liability Application. Attach additional sheets if needed.			
Requested Coverages			
<input type="checkbox"/>	Collision/Comprehensive	Deductible:	
<input type="checkbox"/>	Towing and Storage	Limit:	
<input type="checkbox"/>	Rental Reimbursement	Limit:	
In which states do you normally operate?			
Are any vehicles registered in MA, NY, VA or AK?			

Historical Unit Count							
	Total	PPT	Light	Med	Heavy	Extra Heavy	Trailer
Projected							
Current Year							
1st Prior							
2nd Prior							
3rd Prior							
4th Prior							
Of the total fleet, how many of the units are:							
Owned Vehicles:							
Leased Vehicles for more than 30 days:							
Owner Operator/Independent Contractor Vehicles:							

Prior Insurer Information

Please provide five (5) years of historical Auto Physical Damage data below along with loss runs dated within ninety (90) days of the requested effective date that show the paid and outstanding reserves clearly marked.

	Commercial Auto Carrier	Effective Date	Expiration Date	Premium
1				
2				
3				
4				
5				

Additional Interests

List all additional insureds, additional named insureds and loss payees along with an address for each entity. For loss payees, list the associated unit(s).

Additional Insured Additional Named Insured Loss Payee

Name:

Address:

Unit(s) Year, Make, VIN:

Additional Insured Additional Named Insured Loss Payee

Name:

Address:

Unit(s) Year, Make, VIN:

Additional Insured Additional Named Insured Loss Payee

Name:

Address:

Unit(s) Year, Make, VIN:

Additional Insured Additional Named Insured Loss Payee

Name:

Address:

Unit(s) Year, Make, VIN:

Please note that additional questions may be needed based on these responses and our needs as we complete the underwriting function.

Any proposal for coverage that Hudson makes will have additional terms and conditions. Please carefully review the proposal before making any decision to bind. As always, please contact your agent or broker if you have any questions.

This is a supplement to the Motor Truck Cargo Legal Liability Application. The application fraud warnings and representation statements apply to this supplement and the information provided herein.

Applicant Signature

Title

Print Name

Date

Please submit to IMSubmissions@HudsonInsGroup.com