

# National Casualty Company

Home Office:  
Madison, Wisconsin  
Administrative Office:  
8877 North Gainey Center Drive • Scottsdale, Arizona 85258  
1-800-423-7675 • Fax (480) 483-6752

## Motor Truck Cargo Application

Name of Applicant \_\_\_\_\_  
D/B/A \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Web site Address \_\_\_\_\_

Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
Agent No. \_\_\_\_\_

### PROPOSED EFFECTIVE DATE:

From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant

1. **Applicant operation is:**     Common carrier     Contract carrier     Hauling own goods
2. **Years in Business:** \_\_\_\_\_
3. **Has there been any change in ownership, management or the name of the operation during the last five years?** .....  Yes  No  
If yes, provide details: \_\_\_\_\_

4. **Coverage requested:**     Scheduled vehicles     Named Perils     Owner's cargo

5. **Desired terminal limits at the following locations, include vehicles loaded or unloaded:**

LIMITS	LOCATION	OCCUPANCY AND CONSTRUCTION

6. **Terminal protection:**

Burglary:     Watchman Service     Burglar Alarm     Fenced Yard  
Please explain: \_\_\_\_\_

Fire:     Automatic Sprinkler System     Smoke Detectors     Other (describe): \_\_\_\_\_  
Please explain: \_\_\_\_\_

7. **Give details of any steps taken to secure vehicles whenever left unoccupied:** \_\_\_\_\_

8. **List all applicant's shippers' contracts:** \_\_\_\_\_

9. Description of operations: \_\_\_\_\_  
 \_\_\_\_\_

10. Normal Radius of operations: \_\_\_\_\_  
 List all states vehicles operate in: \_\_\_\_\_

11. Largest cities entered: \_\_\_\_\_

12. Vehicle schedule:

MODEL YEAR	MANUFACTURER	BODY TYPE	LOAD CAPACITY	SERIAL NUMBER	LIMIT OF LIABILITY

13. Do you use any leased operators whose equipment is not shown in question 12.? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

14. Do you own any equipment not shown in question 12.? .....  Yes  No

15. List below all drivers currently employed as of the proposed effective date (List additional drivers on separate sheet):

DRIVER'S NAME	DATE OF BIRTH	STATE & DRIVER'S LICENSE NO.	CLASS OF LICENSES	YEARS OF DRIVING SIMILAR VEHICLES	LENGTH OF EMPLOYMENT	ACCIDENTS & VIOLATIONS PRIOR THREE YEARS

16. Commodities hauled: Please complete percentage and value for each commodity hauled. Provide detail on any highlighted commodity hauled.

PROPERTY	%	VALUE	PROPERTY	%	VALUE	PROPERTY	%	VALUE
Agricultural equipment			Explosives			Oil field equipment		
<b>Alcoholic beverages</b>			Farm products			Paint		
Appliances			Feed			Paper		
Automobile parts			Fertilizer			<b>Perfume</b>		
Autos & boats			<b>Fine art &amp; collectibles</b>			Petroleum products		
Beer & wine			Flooring (no rugs)			Pipe, cable, wire		
Beverages non-alcohol			Food products			Plastics		
Books			Food—frozen			Plumbing supplies		
Building materials			Frozen seafood			Poultry—dressed		
Cabinets & woodwork			Fruits—fresh			Poultry—live		

PROPERTY	%	VALUE	PROPERTY	%	VALUE	PROPERTY	%	VALUE
<b>Cameras</b>			<b>Furs</b>			<b>Power tools</b>		
Campers			General merchandise			<b>Precious metals</b>		
Candy			Glassware			<b>Radios</b>		
Canned Goods			Grain			Road materials		
Carpet			Gravel			Rugs—other than oriental		
Cement			Hardware			Rugs—oriental		
Ceramics			Hay			Sand		
Chemicals—home			Household effects			<b>Seafood</b>		
Chemicals—industrial			<b>Jewelry</b>			<b>Shrimp—fresh</b>		
China			Leather goods			<b>Shrimp—frozen</b>		
<b>Cigarettes &amp; cigars</b>			Livestock			Shoes		
<b>Clothing—men and women</b>			Liquid—nonflammable			<b>Sporting goods</b>		
<b>Clothing—other</b>			Lobster—fresh			<b>Stereo equipment</b>		
Coal			Lobster—frozen			<b>Tapes—audio, video</b>		
<b>Computer—equipment</b>			Logs & pulpwood			Textiles		
<b>Computer—software</b>			Luggage			Tires & tubes		
Containerized freight			Lumber			<b>Tobacco</b>		
<b>Cosmetics</b>			Machinery			Tools		
Cotton			<b>Meat—boxed</b>			<b>Toys</b>		
Dairy products			<b>Meat—frozen</b>			<b>TVs</b>		
Drugs—except narcotics			<b>Meat—swinging</b>			Vending machines		
Dry goods			Metal & steel			Vegetables—fresh		
Eggs			Milk—bulk-carton			Vegetable oil		
Electrical supplies			<b>Mobile homes—offices</b>			<b>Other:</b>		
<b>Electronics—other</b>			<b>Narcotics</b>					
<b>Electronics—TV &amp; stereos</b>			Office equipment					

Detail on highlighted items: \_\_\_\_\_

Average value per load: \_\_\_\_\_ Maximum value per load: \_\_\_\_\_

**I have indicated above all commodities that I haul. Should I haul any other commodities not listed above, I will advise my agent to obtain coverage.**

**Insured Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**17. Deductible:**  \$500  \$1,000  \$2,500  Other: \_\_\_\_\_

**18. Prior carrier and loss experience—three years:**

COMPANY	POLICY NO.	POLICY PERIOD	PREMIUM	NO. LOSSES	LOSS AMOUNT

Provide details of all cargo losses incurred over \$2,500 whether covered by insurance or not: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**19. Vehicle protection:**

Fire extinguishers? .....  Yes  No  
 All trucks and trailers equipped with locks? .....  Yes  No  
 Vehicles equipped with alarms? .....  Yes  No  
 If yes, what type? \_\_\_\_\_

**20. Gross receipts for past three years:**

DATES		GROSS RECEIPTS—COMPANY OWNED VEHICLES	GROSS RECEIPTS—LEASED VEHICLES
FROM:	TO:		

Estimate of current year gross receipts: \_\_\_\_\_

**21. Additional coverages available:**

Loading and unloading? .....  Yes  No  
 Refrigeration breakdown? .....  Yes  No  
 Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

**22. Filing information:**

List states for which insured has cargo permits: \_\_\_\_\_  
 State authority number(s): \_\_\_\_\_  
 Is ICC Filing required? .....  Yes  No  
 ICC docket number: \_\_\_\_\_

**23. O, S & D:**

Do you have any outstanding claims on overages, shortages, or damages (O, S & D)? .....  Yes  No  
 Total outstanding: \_\_\_\_\_

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK, AUTOMOBILE:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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 five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**APPLICABLE IN THE STATE OF NEW YORK, OTHER THAN AUTOMOBILE:**

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 five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)