

BEDFORD

UNDERWRITERS, LTD.

WHOLESALE INSURANCE BROKERS
www.bedfordunderwriters.com

315 East Mill St. P O Box 278 Plymouth, WI 53073

PH (920) 892-8795 (800) 735-1378 FAX (920) 892-8980

MOTOR TRUCK CARGO APPLICATION

Name of Applicant _____

Address _____

_____ Zip _____ Phone _____

Policy Period _____ To _____ Radius of operations from home terminal _____

Years experience in this Business? _____ Type Carrier: Private Common Contract Leased

Terminal Locations _____

Type of merchandise hauled: do not use the term "General Merchandise." If more than one commodity is carried give percentages of load values: Load values must be accurately stated as co-insurance applies.

Commodity	Percent of Load	Value	Commodity	Percent of Load	Value	Commodity	Percent of Load	Value
Appliances			Electronics			Oil Field Equip.		
Automobiles			Explosives			Paper		
Auto Parts			Fertilizers			Petroleum		
Boats			Furniture			Pipe		
Build. Matls.			Grain			Poultry		
Candy			Livestock			Produce		
Canned Goods			Liquors			Seafood		
Carpets			Lumber			Steel		
Chemicals			Machinery			Textile		
Clothing			Meat			Tires		
Cotton			Milk & Cream			Tobacco		
Containers			Mobile Homes			Other		
Eggs			Nuts					

Average Value Per Load \$ _____ % _____ Maximum Value Per Load \$ _____ % _____

For Operations that extend through these cities, check the appropriate block.

- | | | | | |
|--------------------------------------|---|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Nashville | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Dallas | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Newark | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Denver | <input type="checkbox"/> Louisville | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Birmingham | <input type="checkbox"/> Detroit | <input type="checkbox"/> Memphis | <input type="checkbox"/> New York | <input type="checkbox"/> Youngstown |
| <input type="checkbox"/> Boston | <input type="checkbox"/> D.C. | <input type="checkbox"/> Miami | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Others |
| <input type="checkbox"/> Chattanooga | <input type="checkbox"/> Houston | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Portland | |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Jacksonville, Fl | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> San Francisco | |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Jersey City | <input type="checkbox"/> Montreal | <input type="checkbox"/> St. Louis | |

<COMPANY APPROVAL MANDATORY

PREVIOUS COMPANY AND LOSS EXPERIENCE

Name of your cargo carrier past 3 years? _____

Have you ever had cargo coverage cancelled, or renewal refused? _____ If Yes, explain by giving name of company, and reason for cancellation or refusal _____

SHOW POLICY PERIODS FOR PAST 3 YEARS	DATE OF LOSS	LOSSES BY COLLISION	LOSSES BY FIRE	LOSSES BY THEFT	CARGO LOSSES
FROM TO		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

NO.	YEAR MODEL	TRADE NAME-DESCRIPTION TRAILER-FULL OR SEMI REFRIGERATED UNIT**	SERIAL NUMBER	PERCENT FACTOR	PREMIUM

**refrigerated units list separately from trailer giving serial number.

Show number of owned units _____ Leased: _____

If any vehicles are leased, provide a copy of lease agreement.

Gross Receipts Past Year. _____ Projected gross receipts _____

Is ICC filing required? _____ ICC Docket # _____

If State filing required – show state & permit #s _____

PREMIUMS \$ _____
POLICY FEE \$ _____
SUB TOTAL \$ _____
TAX \$ _____
TOTAL \$ _____

SCHEDULE OF DRIVERS	YRS EMPL	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	DRIVING RECORD LAST THREE YEARS

IS EACH UNIT EQUIPPED WITH FIRE EXTINGUISHERS? YES NO BABACO ALARMS? YES NO

ARE TRUCKS/TRAILERS CLOSED & EQUIPPED WITH SNAP LOCKS? YES NO NUMBER OF MEN ON TRUCKS? _____

ARE LOADED TRUCKS EVER LEFT UNATTENDED? YES NO ARE DRIVERS BONDED? YES NO

INDICATE WHETHER THE FOLLOWING ADDITIONAL COVERAGES ARE REQUIRED: SHOW AMOUNT OR LIMIT

DEDUCTIBLE CLAUSE AMOUNT _____

TARPAULIN WARRANTY _____

EARNED FREIGHT CLAUSE _____

BILL OF LADING COVERAGE _____

REFRIGERATION BREAKDOWN CLAUSE _____

STRAYING COVERAGE _____

THEFT CLAUSE _____

LOADING AND UNLOADING COVERAGE _____

LOCKED TRUCK WARRANTY (FULL) _____

OTHER _____

This application shall not be binding unless and until a policy is issued and payment made and then only as of the inception date of said policy and in accordance with all terms thereof. Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar same as known to the Applicant; and the same are hereby made the basis and condition of the insurance, and a warranty on the part of the Applicant. It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

I hereby certify that after a diligent effort I have been unable to procure the insurance applied for above from authorized insurers.

Producer's Name: _____

Address: _____

By: _____

Date _____

Applicants Signature _____

Date _____