



GEOGRAPHIC SCOPE – confirm principal cities/states you move freight to and from within the USA			
City	State	City	State
Do you move freight in and out of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you move freight in and out of Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CLAIMS HISTORY – please provide past 5 years of hard copy loss runs.			
Have you had any Cargo claims paid on your behalf in the past five years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had cargo claims incurred on shipments moved by your company whether insured or not over the past 5 years, which were not paid by the Motor Carrier or their Insurance company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, provide explanation and details of nature of the claim and the outcome:			
There may be additional financial risk your company may face, please indicate if you would like more information on the following policies:			
General Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property & Casualty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Directors & Officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Errors & Omissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contingent Auto?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 rd Party Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surety Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMC-84	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other?	
Please provide any additional comments:			

APPLICANT ACKNOWLEDGEMENT & SIGNATURE

By signing below you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed and any additional requested items are received.

California Law requires us to notify you of the following: Any person, who with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud; criminal and civil penalties varying in degree by state.

Name: _____

Title: _____

Date: _____

Signature of Applicant: _____