

**MOTOR TRUCK CARGO LEGAL LIABILITY
INSURANCE APPLICATION**



Applicant: _____ **Producer:** _____

Address: _____

Website: _____ **Eff Date:** _____

Years in Business: _____ **Gross Revenue last 12 Months:** _____

Gross Rev. (projected) next 12 Months: _____

Authority No. _____ **List filings required:** _____

Brokerage Authority? _____ **If yes, MC #:** _____

Limits: \$ _____

per Unscheduled Vehicle

\$ _____

per Unscheduled Terminal Location

\$ _____

per Scheduled Vehicle

\$ _____

per Occurrence, Reefer Breakdown Coverage

\$ _____

per Occurrence

Deductible: _____ per Occurrence.

Deductible Requested: _____

List top ten commodities hauled and percentage of total: _____

Major Origins/Destinations: _____

Radius of Operations: _____ % < 50 miles; _____ % 51-250 miles; _____ % > 250 miles.

Owned Vehicles

No. of Trucks: _____
No. of Tractors: _____
No. of Trailers: _____

Leased Vehicles

No. of Trucks: _____
No. of Tractors: _____
No. of Trailers: _____

Number of units refrigerated: _____
Number of units having more than one driver assigned: _____

Scheduled Terminals

Location No. 1: Address: _____

Operator of premises: _____

Values: \$ _____ Average
\$ _____ Maximum

Location No. 2: Address: _____

Operator of premises: _____

Values: \$ _____ Average
\$ _____ Maximum

(If there are additional locations, please attach additional schedule)

Loss Experience: Attach previous insurer's loss exhibit for last 5 years.

I acknowledge that any quotation that may be made by underwriters is based upon the above information, and any misrepresentation and/or omission may prejudice and/or void coverage. I certify that the information provided is, to the best of my knowledge, accurate and correct.

Signature

Title

Date

Email completed application to: submissions.idealam@wichert.com

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