

# Motor Truck Cargo Application

Agency: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Risk Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Policy Period: \_\_\_\_\_  
 Motor Carrier Number: \_\_\_\_\_  
 Current Carrier: \_\_\_\_\_  
 Cancelled or Non-renewed?  YES  NO

- CORPORATION
- SOLE OWNER
- PRIVATE CARRIER
- PARTNERSHIP
- COMMON CARRIER
- CONTRACT CARRIER

**PLEASE ATTACH A COPY OF THE EXISTING FILING.**

Operates in following states:

- |   |                                   |                                   |  |  |                                      |                                       |                                    |
|---|-----------------------------------|-----------------------------------|--|--|--------------------------------------|---------------------------------------|------------------------------------|
| <u>Alabama</u> <input type="checkbox"/> | Arizona <input type="checkbox"/>  | Arkansas <input type="checkbox"/> | California <input type="checkbox"/>      | <u>Colorado</u> <input type="checkbox"/> | Conn. <input type="checkbox"/>       | Wyom. <input type="checkbox"/>        | Delaware <input type="checkbox"/>  |
| Florida <input type="checkbox"/>        | Georgia <input type="checkbox"/>  | Idaho <input type="checkbox"/>    | <u>Illinois</u> <input type="checkbox"/> | Indiana <input type="checkbox"/>         | Iowa <input type="checkbox"/>        | Kansas <input type="checkbox"/>       | Kentucky <input type="checkbox"/>  |
| Louisiana <input type="checkbox"/>      | Maine <input type="checkbox"/>    | Maryland <input type="checkbox"/> | Mass. <input type="checkbox"/>           | Mich. <input type="checkbox"/>           | Minnesota <input type="checkbox"/>   | <u>Miss.</u> <input type="checkbox"/> | Missouri <input type="checkbox"/>  |
| Montana <input type="checkbox"/>        | Nebraska <input type="checkbox"/> | Nevada <input type="checkbox"/>   | N. Hamp. <input type="checkbox"/>        | N. Jersey <input type="checkbox"/>       | N. Mexico <input type="checkbox"/>   | N. Y. <input type="checkbox"/>        | N. Car. <input type="checkbox"/>   |
| N. Dakota <input type="checkbox"/>      | Ohio <input type="checkbox"/>     | Oklah. <input type="checkbox"/>   | Oregon <input type="checkbox"/>          | <u>Penn.</u> <input type="checkbox"/>    | <u>R.I.</u> <input type="checkbox"/> | S. Carl. <input type="checkbox"/>     | S. Dakota <input type="checkbox"/> |
| Tenn. <input type="checkbox"/>          | Texas <input type="checkbox"/>    | Utah <input type="checkbox"/>     | Vermont <input type="checkbox"/>         | Virginia <input type="checkbox"/>        | Wash. <input type="checkbox"/>       | W. Vir. <input type="checkbox"/>      | Wisc. <input type="checkbox"/>     |

BMC-34 eliminates the need for an individual state "intrastate" filing in all except those highlighted.

• **Radius of Operation:**

Local(1-100 miles) \_\_\_\_\_ % Intermediate(101-500 miles) \_\_\_\_\_ % Long Haul(500 + miles) \_\_\_\_\_ %

• **Principal Commodities Hauled (Theft Limitation may apply):**

	%		%
	%		%

For whom does trucker haul primarily? \_\_\_\_\_

**Gross Receipts (Past 5 Years):**

Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_  
 Receipts \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_

• **Premiums and Losses:**

Please send five years hard copy loss experience; underwriter cannot proceed without this information.

• **Cargo Limits:**

Per Vehicle \$ \_\_\_\_\_ Per Disaster \$ \_\_\_\_\_ Average Vehicle \$ \_\_\_\_\_  
 # Power Units: Owned \_\_\_\_\_ Leased \_\_\_\_\_ Owner Op \_\_\_\_\_ # Trailers \_\_\_\_\_ # Refrigerated \_\_\_\_\_  
 Deductible Requested: \$ \_\_\_\_\_  
 Terminal Location(s): \_\_\_\_\_ Limit  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUDULENTLY 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_