



**National Advantage  
Insurance Services, Inc.**  
 CA License No. 0821992  
 18062 Irvine Blvd., Suite 303, Tustin, CA 92780  
 P.O Box 1065, Tustin, CA 92781-1065  
 TEL (714) 505-1015 FAX (714)505-1025

## Motor Truck Cargo Application

1. Name of Company: \_\_\_\_\_
2. Principal(s): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Number of employees: \_\_\_\_\_ Number of drivers: \_\_\_\_\_
5. Operation – Common or Contract: \_\_\_\_\_
6. If Common Carrier, please complete the following:
  - a. Commodities being shipped :  
 \_\_\_\_\_  
 \_\_\_\_\_
  - b. Average and maximum values per shipment:  
 \_\_\_\_\_
  - c. Annual gross receipts:  
 \_\_\_\_\_
  - d. Radius of operations: \_\_\_\_\_
  - e. Financials (Income Statement & Balance Sheet) :  
 \_\_\_\_\_
7. Backhauling: Yes or No \_\_\_\_\_  
 If "Yes", please describe commodity:  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Number of vehicles in fleet: \_\_\_\_\_
  - a. Condition and maintenance ( Records to be submitted upon request) :  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - b. Protective Devices. Please describe:  
 \_\_\_\_\_

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9. Are Owner-Operators used? \_\_\_\_\_ If yes, please complete the following:

a. Number of owner-operators:

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b. Describe standards for selecting owner-operators (e.g. driving history, vehicle inspection, MVRs, background check) :

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c. Liability provisions in the carrier and owner-operator agreement that could conflict with coverage under Motor Truck Cargo coverage being requested. (Agreement to be submitted upon request.)

10. If Contract Carrier, please complete the following:

a. List shippers the carrier has contracts with:

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b. List the specific commodity hauled for each shipper under contract:

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c. Terms of liability under the contract (Contract to be submitted upon request):

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d. Gross receipts generated for each shipper:

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11. Provide breakdown of gross receipts earned as contract carrier and as a common carrier, if applicable:

- a. Common Carrier gross receipts: \_\_\_\_\_
- b. Contract Carrier gross receipts: \_\_\_\_\_

12. Limit per vehicle

- a. Requested: \_\_\_\_\_
- b. Current: \_\_\_\_\_

13. Deductible

- a. Requested: \_\_\_\_\_
- b. Current: \_\_\_\_\_

14. Current deductible: \_\_\_\_\_

15. Terminal coverage being requested? If yes, please complete the following:

a. List locations and addresses:

\_\_\_\_\_  
\_\_\_\_\_

b. Building construction:

\_\_\_\_\_  
\_\_\_\_\_

c. Security/Protective Devices:

\_\_\_\_\_  
\_\_\_\_\_

16. Limit at terminal

- a. Requested: \_\_\_\_\_
- b. Current: \_\_\_\_\_

17. Deductible

- a. Requested: \_\_\_\_\_
- b. Current: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date: \_\_\_\_\_

# ACORD™ VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
	FAX (A/C, No):						
CODE:	SUB CODE:	FOR COMPANY USE ONLY					
AGENCY CUSTOMER ID							

## VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE			SYM/AGE	COST NEW		
						PP	SPEC	COML		\$		
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$	\$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL				\$	COLL
NET VEH DR/CR:										TOTAL PREM	\$	
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	VEHICLE TYPE			SYM/AGE	COST NEW		
						PP	SPEC	COML		\$		
CITY, STATE, ZIP WHERE GARAGED				LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$	\$
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL				\$	COLL
NET VEH DR/CR:										TOTAL PREM	\$	