

KAIGLER & COMPANY
7028 Church St East Brentwood TN 37027
Phone 615 376 0798 Fax 615 376 0799
Toll Free 1 888 468 2683

COMMERCIAL AUTO – TRUCKING

**Physical Damage – Cargo – Primary Umbrella – Upper Layer Excess
(Sorry, no primary liability)**

For Physical Damage and Cargo, please send the items checked below:

- ❑ An ACORD 125 is the best way to start, then the attached Cargo and/or Physical Damage Proposal Forms.**
- ❑ Current equipment list with stated amount values**
- ❑ With all the different types of loss runs and fuzzy faxes, we ask that you please complete the enclosed loss recap sheet for each line of coverage (Physical Damage and/or Cargo), and attach loss runs to support recap amounts (5 year recap).**
- ❑ Please list the top three customers of the applicant. Along with the customer, the specific type of product that is normally hauled for them (if you have International Paper as a major customer, then, specifically, do you haul toilet paper, commercial products, or exactly what?).**
- ❑ Annual miles by state recap from the fuel tax log are requested if long haul.**
- ❑ We do require a driver's list and MVR's**
- ❑ Target/desired premium and deductibles.**

***For lead umbrella or upper layer excess, an ACORD Umbrella application, our attached supplement, and a condensed version of your primary auto liability submission.**

**AUTOMOBILE PHYSICAL DAMAGE INSURANCE
COMMERCIAL VEHICLES (U.S.A.)
PROPOSAL FORM**

1. Name of Applicant:

2. Address:

Number Street City State

3. Address of Principal Terminal if other than above:

4. Radius of Operation: Miles between following principal cities:

5. Type of Cargo carried:

6. Number of Years in this business:

7. Vehicle(s) legally owned by:

Loss Payable to:

8. Name of previous Carrier:

9. Name of Carrier of Public Liability and Property Damage Insurance:

10. Has Applicant had previous Fire, Theft, and Collision Automobile Insurance Cancelled?

If so, state date, name of Insurance Company and reason for cancellation:

11. Is Vehicle(s) Owner-Driven?

If drivers are employed, what investigations are made?

12. If More than one Vehicle covered, what is the estimated maximum possible terminal loss?

13. Amount of Deductible(s) on Collision:

14. Will you ever use hired equipment?

15. Will any of your Equipment ever be loaned or rented to others?

16. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? If answer is

"Yes" specify vehicles and state reasons why insurance is not required:

17. Is Equipment regularly inspected and serviced, if so, at what periods?

18. Board Fire rate for terminal premises:

19. Premiums and Losses sustained by applicant last five years:

Year	Premiums	LOSSES				Any other Physical Loss
		Fire	Theft	Collision		

20. Description of Vehicle: (Specify Truck, Tractor, Trailer, Semi.)

Item No.	Trade Name	Type (Truck, Tractor, Trailer, Semi-trailer, Truck Type Tractor)	Serial No.	Motor No.	Gas (G) or Diesel (D)	Original Cost New Plus Equipment, Alterations, and Additions
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full, and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

SIGNED AT:

This day of 200

By

(APPLICANT)

(Applicant should state official position)

APPLICANT WITNESS:

AGENT

Location of Agency:

NMA1651

MOTOR TRUCK CARGO PROPOSAL FORM
For use with Broad Form (I 5)

Use space on last page or attach an extra sheet if there is insufficient room for answers

1. Applicant: _____ doing business as:
 Company: _____ Year established _____
 Address: _____
 _____ ICC Docket No. MC _____

2. Names, addresses and functions of Associated or Subsidiary Companies to be included:

3. Are Companies: a) Common Carriers [] b) Private Carriers []
 c) Contract Carriers [] d) Owner of cargo [] e) Other [] (Please give details at end of form)
 If you contract on a released liability basis please attach a copy of a specimen waybill showing how much liability you accept. Also please give details of your additional valuation rates and the approximate annual level of additional valuation charges you receive.

4. a) Please give details of any operations carried out other than that of a carrier _____

 b) Do you subcontract to other parties? _____ If so on long term (30 day+) leases or other basis? (give details) _____
 c) Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to them? _____ If so, do you maintain copies of their current insurance arrangements on file? _____

5. Please give gross receipts in respect of your trucking operations for past 5 years:

YEAR	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations

6. The following interests are **excluded** under the basic policy form, but can normally be covered at additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry &/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap or ingot form, furs, alcohol, liquor, beer, wine, garments (*defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like*), seafood unless canned, and electronics (*defined as: all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered to be electronics*).

MOTOR TRUCK CARGO PROPOSAL FORM
For use with Broad Form (15)

19. Are details of claims within deductibles ('over, shortage and damage') maintained? If so, please give details for the past 3 years:

Year	Total amount paid	Total amount outstanding

20. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?: _____ If so please give details: _____

21. Please give details of your existing cargo insurance:

Carrier		Existing deductible	
Renewal offered?		Existing limit	
Existing rate		Expiry date	

22. Date from which insurance cover is required: _____

23. I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Signed _____ **Dated** _____

Position _____

Continued from question _____

UMBRELLA RECAP

FIVE YEAR AGGREGATE LOSS SUMMARY

INSURED'S NAME:

POLICY TERM	GENERAL LIAB.. LOSSES	PRODUCTS LOSSES	AUTOMOBILE LOSSES
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2001/2002			
2000/2001			
1999/2000			
1998/1999			
1997/1998			

THIS LOSS EXHIBIT IS TO BE DONE ON A FIRST DOLLAR, GROUND UP BASIS.

ITEMIZE AND EXPLAIN EACH LOSS OVER \$10,000 BELOW: