



Red Shield Insurance Company®

1411 SW Morrison Street, Suite 400
 Portland, OR 97205-1945
 800-527-7397 • FAX 800-742-5176

**MOTOR TRUCK CARGO
 LEGAL LIABILITY**

Policy No.	Proposed Effective and Expiration Date From: To:	Status of Submission <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code
Applicant's Name		Agent Name	
Business Name / DBA		Agent Address	
Mailing Address			
		Agent's Phone No.:	
Applicant's Phone No. Home: Work:		Have you insured this account before: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Social Security #	Applicant's Occupation / DBA	Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Years in Business	Years of Experience	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)	
Business Description:		Accounting Records Name: Contact Phone:	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other		Inspection Records Name: Contact Phone:	

GENERAL INFORMATION

COMMODITIES	PERCENTAGE OF HAULS	AVERAGE VALUE/LOAD	MAXIMUM VALUE/LOAD
	%		
	%		
	%		
	%		
Type of Bill of Lading: <input type="checkbox"/> Full Value <input type="checkbox"/> Released If RELEASED, attach copy.			
Does applicant backhaul the property of others? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, type of cargo backhauled:			
Are vehicles ever left loaded and unattended overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, describe locations and frequency:			
Does applicant transport any target commodities? <input type="checkbox"/> Yes <input type="checkbox"/> No Are trailers equipped with king pin locks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are units equipped with theft alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No Are units equipped with fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
To which areas does applicant travel and percentage of hauls: Los Angeles % New Orleans % NY/NJ %			
Miami % Houston/Dallas % Tucson/Phoenix % Chicago % Philadelphia % DC/Maryland %			

SCHEDULE OF VEHICLES/POWER UNITS

Total Owned:	Tractors	Trucks	Other
Total Leased:	Tractors	Trucks	Other

MODEL YEAR	TRADE NAME/TYPE OF VEHICLE	SERIAL NUMBER	RADIUS

DRIVER INFORMATION

Driver's Name	Date of Birth	License Number/State	Date of Hire	Owner/Operator
		/		<input type="checkbox"/> Yes <input type="checkbox"/> No
		/		<input type="checkbox"/> Yes <input type="checkbox"/> No
		/		<input type="checkbox"/> Yes <input type="checkbox"/> No
		/		<input type="checkbox"/> Yes <input type="checkbox"/> No

TERMINAL INFORMATION

Terminal 1 -Address		Avg. Values at Risk	Max. Values at Risk	Sq. Ft.
Fenced	Central Station Alarm	Watchman	Sprinklered	Limit
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Terminal 2 - Address		Avg. Values at Risk	Max. Values at Risk	Sq. Ft.
Fenced	Central Station Alarm	Watchman	Sprinklered	Limit
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Where are units kept while at terminal locations? <input type="checkbox"/> Inside Building / Locked Bay <input type="checkbox"/> Outside / Yard				

GROSS RECEIPTS INFORMATION

YEAR	TRANSIT	STORAGE	HANDLING
Prior 12 months			
Next 12 months (anticipated)			

COVERAGE INFORMATION

Limit, any one vehicle: Deductible:	Limit, any one occurrence: \$ Loading/Unloading: <input type="checkbox"/> Yes <input type="checkbox"/> No
Limit, refrigeration breakdown: Deductible:	Limit, any one named terminal: Limit, any unnamed terminal:

FILING INFORMATION

Type of Filing	Docket or Permit Number
ICC <input type="checkbox"/> Yes <input type="checkbox"/> No	
PUC <input type="checkbox"/> Yes <input type="checkbox"/> No States:	

PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you? Yes No

If YES, explain:

Explain any periods when insurance was not in place:

How long has current management operated this business? Years

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past five years, which would have been recoverable under this type of insurance)

Date of Loss	Carrier	Loss Amount	Open (O) Closed (C)	Description/Cause of Loss	Deductible	Amount Paid

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT , ANY PERSON WHO KNOWIN GLY AND WIT H INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLI CATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION , OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMM ITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR T HE PURPOSE OF DEFRAUDING THE COMPANY. PENALT IES INCLUDE IMPRISONMENT , FINES, AND DENIAL OF INSURANCE BENEFITS.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____

****COPY OF STANDARD CONTRACT / BILL OF LADING MUST ACCOMPANY APPLICATION****