



Evanston Insurance Company
Markel American Insurance Company
Markel Insurance Company

TRUCK CARGO APPLICATION

**SURVEY FOR INSURANCE PROPOSAL MUST BE COMPLETED AND SIGNED FOR
 QUOTATION TO BE TENDERED**

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Telephone: _____

Location Address: _____

Years in Business: _____ Policy Term Requested: _____ to _____

Description of Operations: _____

Applicant is: Individual Partnership Corporation Joint Venture.

1. Business is: _____ Common Carrier: _____
 Contract Carrier: _____ Private Carrier (Owner's goods on own vehicle.): _____

2. Are filings required? Yes No MC #: _____ States: _____
 DOT #: _____

3. Radius of operations: _____ Principle cities/states entered: _____

4. Number of Vehicles: _____

<u>Vehicle Types</u>	<u>Van</u>	<u>Flatbed</u>	<u>Refrigerated</u>	<u>Tank</u>	<u>Bulk</u>
Cars					
Tractors					
Trucks					
Semi-Trailers					
Full-Trailers					
Double Deck					

IF ANNUAL TRUCKING REVENUE EXCEEDS \$1,000,000, ATTACH FINANCIAL STATEMENT

5. Radius of Operation (List no. of units in each group) or Percent

<u>Vehicle Type</u>	<u>Local</u>	<u>250+ Miles</u>	<u>Over 500 Miles</u>
Trucks			
Tractors			

6. Gross Receipts for the Past Four Years:

<u>Period</u>		<u>Cargo Rate</u>	<u>Revenue</u>
<u>From</u>	<u>To</u>		

Estimated for Coming Year:

7. Do you own or use equipment other than that listed above? Yes No Details _____

8. Do you lease, loan or rent any of your equipment to others? Yes No Details _____

9. Name of present insurance carrier(s) and Policy No.(s):

10. Are present policies being canceled or not renewed? Yes No
 Details:

11. Limits Requested:

<u>Per Vehicle</u>	<u>Per Disaster</u>	<u>Average Exposure per Vehicle</u>	<u>Maximum Exposure per Vehicle</u>
\$	\$	\$	\$

12. Deductible Requested: \$

13. Is Reefer Coverage required? Yes No If yes, attach the schedule.
 Are all reefer units newer than 10 years? Yes No

14. Experience - Current and Past Two Years: *FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE.*

<u>Losses Past 3 Years</u>	<u>Date of Loss</u>	<u>Details</u>	<u>Carrier</u>

15. Driver's Full Name as it appears on License:

<u>Name</u>	<u>Birth Date</u>	<u>State & Driver License Number</u>	<u>Date Employed</u>

16. Description of Equipment – All vehicles do not have to carry same limit

<u>No.</u>	<u>Trade Name</u>	<u>Yr. Built</u>	<u>Type</u>	<u>Radius</u>	<u>ID Number</u>	<u>Limit</u>
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

17. Terminals

Terminal Address						Terminal Limit	
Lighted	Fenced	Sprinklered	Burglary Alarm	Watchman	Construction	Fire Contents Rate	Average Values
Terminal Address						Terminal Limit	
Lighted	Fenced	Sprinklered	Burglary Alarm	Watchman	Construction	Fire Contents Rate	Average Values

18. Commodity	Percent of Total**	Average Value	Maximum Value
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
**DRY FREIGHT AND GENERAL FREIGHT CANNOT MAKE UP MORE THAN 5% OF TOTAL			

19. Are any household goods owned by others transported? Yes No If yes, give details separately.

20. Is liquor or manufactured tobacco transported? Yes No If yes, give details separately.

REMARKS:

<p>IMPORTANT This form is not an application or offer to insure, but rather is solely for convenience in development of underwriting information for submission to one insurance company or companies to be determined.</p>	<p>IMPORTANT The information herein is for the purpose of obtaining an application or quotation for insurance from any one of several insurance companies and creates no obligation on the part of the insurance company unless an application or quotation is offered and accepted.</p>
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Fraud Warnings

Notice to Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Rhode Island and West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Florida and Oklahoma applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in Florida only.

Notice to Kansas applicants: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent

thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Notice to Kentucky, New York, Ohio and Pennsylvania applicants: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation). *Applies in New York only.

Notice to Maine, Tennessee, Virginia and Washington applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in Maine only.

Notice to Maryland applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Minnesota applicants: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Notice to applicants of all other states: Any person who knowingly and with intent to defraud any insurance company or other 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 civil penalties.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Applicant's Signature

Date

Agent's Signature

Date