



New England Excess Exchange, Ltd.

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Motor Truck Cargo Application

PLEASE ANSWER ALL QUESTIONS COMPLETELY. IF THERE ISN'T ENOUGH ROOM TO ANSWER A QUESTION, PLEASE USE A SEPARATE SHEET OF PAPER AND NUMBER YOUR ANSWER. PLEASE PRINT.

Policy Information

(If filings are required, show legal name exactly as it appears on FMCSA Authority & State Filings.)

Legal Name: _____ Quote/Policy #: _____

Physical Address:

Street Address _____
City _____ State _____ ZIP Code _____

Mailing Address:

Street Address _____
City _____ State _____ ZIP Code _____

Docket

Number: _____ DOT Number: _____ Applicant has applied for authority

Effective Date: _____ Expiration Date: _____

Type of Carrier: Common Contract Other _____

Private Carrier Broker Household Goods Freight Forwarder Exempt for Hire

New/Renewal: New Renewal Expiring Policy Number: _____

Current Carrier: _____

Producer Information

Producer Company Name: _____

Producer: _____

Insured Information

Any policy or coverage declined, cancelled or non-renewed during the prior three years? YES NO

If Yes, explain _____

Have you declared bankruptcy in the past 3 years? YES NO

If Yes, explain _____

How many years has the firm purchased MTC coverage on its own business?

Date applicant firm established:

If less than 3 years, please answer the following:

How many years have your drivers held a CDL?

How are you financing your business? Bank Loan Personal Savings Family Other

Coverage Information

Limits of Insurance: Per Vehicle: _____ Per Occurrence: _____

Coverage Options: Reefer Breakdown Water Damage Terminal/Location

Trailer Interchange – Sub-Limit of Insurance: _____ Any one trailer: _____

Schedule of Terminal(s)/Location(s):

Address			
Limit			
Construction			
Occupancy			
Public Protection			
Any Processing			
Lighted			
Fenced			
Sprinklered			
Burglar Alarm			
Watchman			

Deductibles:

AOP:

Reefer:

Water Damage:

Yes

NO

Specified Shippers

Name	Product	Limit	% of Gross Receipts	Deductible

Total Number of Vehicles:

Schedule of Vehicles (not required until time of binding):

Year	Make	Model	VIN

Radius: _____

1 – 50 Miles	51 – 300 Miles	301 – 500 Miles	501 – 1000 Miles	1001 - Unlimited
		30.00		

Percentage:

Commodity List:

Description	Percentage of Gross Receipts
	40.00
	37.00
	23.00

Underwriting Information

Has there been any losses in the past three years? YES NO If yes, describe below.

Date of Loss	Commodity	Cause of Loss	Total or Reserve	Deductible	Open or Closed

Any driver under 22 or over 65?
 Yes (# of drivers 0) No
 (If any over 65 provide medical certificate)

Any driver with more than 3 violations in 3 years?
 Yes (# of drivers 0) No

Any driver convicted of DUI/DWI in the last 5 years?
 Yes (# of drivers 0) No

Has any driver been convicted of a major violation in the past 3 years?
 Yes (# of drivers 0) No

Any driver with less than 2 years commercial driving experience?
 Yes (# of drivers 0) No

Major violation means: DUI/DWI, Refusal to take a chemical test, hit and run, leaving the scene of an accident, careless, negligent or reckless driving, homicide/manslaughter or assault through use of a motor vehicle, drivers with a suspended or revoked license, eluding a police officer.

Forward MVR for all drivers with less than 2 years commercial driving experience.

Additional Comments:

Remarks:

If the account is bound, we require the following information:

1. A completed ACE Application signed and dated by the prospective insured and producer at binding.
2. MVRs for all drivers using scheduled vehicles within 5 days of binding.
3. The prospective insured's most recent 3 years hard copy loss runs (If the prospective insured has been in business for less than three years, loss runs for each year in business) at binding.
4. Schedule of power units – must include all 17 digits of the VIN number within 5 days.
5. Are Federal or State Filings required to be made at binding?

Disclaimer and Signature

FRAUD WARNING STATEMENTS – MOTOR VEHICLE

NOTICE TO ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, LOUISIANA, NEW MEXICO, TENNESSEE, VIRGINIA, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

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 HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

NOTICE TO MAINE 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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 NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NO TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO, WITH INTENT TO KNOWINGLY DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE OR DECEPTIVE INFORMATION THAT IS MATERIAL TO THE ACCEPTANCE OF THE RISK OR TO THE CLAIM COMMITS A FRAUDULENT INSURANCE ACT AND MAY BE COMMITTING A CRIME.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO ALL OTHER APPLICANTS:

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 INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

I/we certify that my/our answers are true, correct and complete to the best of my/our knowledge.

Notice to Applicant: Only the policy contains the coverage you applied for in this application.

Applicant's Signature: _____

Date: _____

(Principal, Partner, Officer, Owner)

Producer's Signature: _____

Date: _____