



SierraSpecialty

Sierra Specialty Insurance Inc.
234 Clovis Ave.
Clovis, CA 93612
Toll Free: 844-874-3772
www.SierraSpecialty.com

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: to
Description of Operations:
Insured is: Individual Partnership Corporation Joint Venture.

1. Business is: Common Carrier No. years in business
Contract Carrier Private Carrier (Owner's goods on own vehicle.)
2. Are filings required? Yes No If yes, MC# States
3. Radius of operations: Principle cities / states entered
4. Number of Vehicles: Vehicle Type Van Flatbed Refrigerated Tank Bulk
5. Radius of Operation (List no. of units in each group) or Percent Vehicle Type Local 250+ Miles Over 500 Miles
6. Gross Receipts for the Past Four Years Period Cargo Rate Revenue
7. Do you own or use equipment other than that listed above?
8. Do you lease, loan or rent any of your equipment to others?
9. Name of present insurance carrier(s) and Policy No.(s)
10. Are present policies being canceled or not renewed?
11. Limits Requested: Average Exposure Maximum Exposure
12. Deductible Requested:
13. Is Reefer Coverage required?
14. Experience - Current and Past Two Years: FLEETS ATTACH LOSS RUNS. IF MULTIPLE LOSSES - ITEMIZE

15. Driver's Full Name as it appears on License:			
NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	DATE EMPLOYED

16. Description of Equipment - All vehicles do not have to carry same limit						
No.	Trade Name	Yr. Built	Type	Radius	I. D. Number	Limit

17. Terminals							
Terminal Address						Terminal Limit	
Lighted <input type="checkbox"/>	Fenced <input type="checkbox"/>	Sprinklered <input type="checkbox"/>	Burglary Alarm <input type="checkbox"/>	Watchman <input type="checkbox"/>	Construction _____	Fire Contents Rate _____	Average Values _____
Terminal Address						Terminal Limit	
Lighted <input type="checkbox"/>	Fenced <input type="checkbox"/>	Sprinklered <input type="checkbox"/>	Burglary Alarm <input type="checkbox"/>	Watchman <input type="checkbox"/>	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. Is liquor or manufactured tobacco transported? Yes  No  If yes, give details separately.

REMARKS:

<p><b>IMPORTANT</b> 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><b>IMPORTANT</b> 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 Essex Insurance Company unless an application or quotation is offered and accepted.</p>
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**The Applicant agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.**

DATE	INSURED'S SIGNATURE

BROKER AGENT:	ADDRESS: