



**THE HARTFORD**  
*Marine*

# Motor Truck Cargo Application

Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Risk Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy Period: \_\_\_\_\_  
Motor Carrier Number: \_\_\_\_\_  
Current Carrier: \_\_\_\_\_  
Cancelled or Non-renewed? \_\_\_\_\_ YES \_\_\_\_\_ NO

CORPORATION  
SOLE OWNER  
PRIVATE CARRIER  
PARTNERSHIP  
COMMON CARRIER  
CONTRACT CARRIER

### PLEASE ATTACH A COPY OF THE EXISTING FILING.

Operates in following states:

<b>Alabama</b>	Arizona	Arkansas	California	<b>Colorado</b>	Conn.	Wyom.	Delaware
Florida	Georgia	Idaho	<b>Illinois</b>	Indiana	Iowa	Kansas	Kentucky
Louisiana	Maine	Maryland	Mass.	Mich.	Minnesota	<b>Miss.</b>	Missouri
Montana	Nebraska	Nevada	N. Hamp.	N. Jersey	N. Mexico	N. Y.	N. Car.
N. Dakota	Ohio	Oklah.	Oregon	<b>Penn.</b>	<b>R.I.</b>	S. Carl.	S. Dakota
Tenn.	Texas	Utah	Vermont	Virginia	Wash.	W. Vir.	Wisc.

BMC-34 eliminates the need for an individual state "intrastate" filing in all except those highlighted.

Operates in the following provinces:

Alberta	British Columbia	Manitoba	New Brunswick	Newfoundland	Nova Scotia
Ontario	P. E. I.	Quebec	Saskatchewan	Nunavut	

### •Radius of Operation:

Local(1-100 miles) \_\_\_\_\_ %Intermediate(101-500 miles) \_\_\_\_\_ %Long Haul(500 + miles) \_\_\_\_\_ %

### •Principal Commodities Hauled (Theft Limitation may apply):

	%		%		%
	%		%		%

For whom does trucker haul primarily? \_\_\_\_\_

### Gross Receipts (Past 5 Years):

Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_  
Receipts \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_

Is trucker currently submitting financials to Central Analysis Bureau? **Yes** **Date:** \_\_\_\_\_ **No**

If no or more than 1 year from current date, please fax a current income statement and balance sheet to C.A.B. at: (212) 695-1618.

### •Premiums and Losses:

Please send five years hard copy loss experience; underwriter cannot proceed without this information.

### •Cargo Limits:

Per Vehicle \$ \_\_\_\_\_ Per Disaster \$ \_\_\_\_\_ Average Vehicle \$ \_\_\_\_\_

# Power Units: Owned \_\_\_\_\_ Leased \_\_\_\_\_ Owner Op \_\_\_\_\_ # Trailers \_\_\_\_\_ # Refrigerated \_\_\_\_\_

Deductible Requested: \$ \_\_\_\_\_

Terminal Location(s): \_\_\_\_\_ Limit

\$

\$

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**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_