



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

Motor Truck Cargo Application

Name of Applicant
D/B/A
Street Address
Mailing Address
Phone Number
Web site Address

Agent Name
Address
Agent No.

PROPOSED EFFECTIVE DATE:

From To

12:01 A.M., Standard Time at the address of the Applicant

1. Applicant operation is: Common carrier Contract carrier Hauling own goods

2. Years in Business:

3. Has there been any change in ownership, management or the name of the operation during the last five years? Yes No

If yes, provide details:

4. Coverage requested: Scheduled vehicles Named Perils Owner's cargo

5. Desired terminal limits at the following locations, include vehicles loaded or unloaded:

Table with 3 columns: LIMITS, LOCATION, OCCUPANCY AND CONSTRUCTION

6. Terminal protection:

Burglary: Watchman Service Burglar Alarm Fenced Yard

Please explain:

Fire: Automatic Sprinkler System Smoke Detectors Other (describe):

Please explain:

7. Give details of any steps taken to secure vehicles whenever left unoccupied:

8. List all applicant's shippers' contracts:

9. Description of operations: _____

10. Normal Radius of operations: _____
 List all states vehicles operate in: _____

11. Largest cities entered: _____

12. Vehicle schedule:

| MODEL YEAR | MANUFACTURER | BODY TYPE | LOAD CAPACITY | SERIAL NUMBER | LIMIT OF LIABILITY |
|------------|--------------|-----------|---------------|---------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

13. Do you use any leased operators whose equipment is not shown in question 12.? Yes No
 If yes, explain: _____

14. Do you own any equipment not shown in question 12.? Yes No

15. List below all drivers currently employed as of the proposed effective date (List additional drivers on separate sheet):

| DRIVER'S NAME | DATE OF BIRTH | STATE & DRIVER'S LICENSE NO. | CLASS OF LICENSES | YEARS OF DRIVING SIMILAR VEHICLES | LENGTH OF EMPLOYMENT | ACCIDENTS & VIOLATIONS PRIOR THREE YEARS |
|---------------|---------------|------------------------------|-------------------|-----------------------------------|----------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |

16. Commodities hauled: Please complete percentage and value for each commodity hauled. Provide detail on any highlighted commodity hauled.

| PROPERTY | % | VALUE | PROPERTY | % | VALUE | PROPERTY | % | VALUE |
|----------------------------|---|-------|------------------------------------|---|-------|---------------------|---|-------|
| Agricultural equipment | | | Explosives | | | Oil field equipment | | |
| Alcoholic beverages | | | Farm products | | | Paint | | |
| Appliances | | | Feed | | | Paper | | |
| Automobile parts | | | Fertilizer | | | Perfume | | |
| Autos & boats | | | Fine art & collectibles | | | Petroleum products | | |
| Beer & wine | | | Flooring (no rugs) | | | Pipe, cable, wire | | |
| Beverages non-alcohol | | | Food products | | | Plastics | | |
| Books | | | Food—frozen | | | Plumbing supplies | | |
| Building materials | | | Frozen seafood | | | Poultry—dressed | | |
| Cabinets & woodwork | | | Fruits—fresh | | | Poultry—live | | |

| PROPERTY | % | VALUE | PROPERTY | % | VALUE | PROPERTY | % | VALUE |
|-------------------------------------|---|-------|-----------------------------|---|-------|---------------------------|---|-------|
| Cameras | | | Furs | | | Power tools | | |
| Campers | | | General merchandise | | | Precious metals | | |
| Candy | | | Glassware | | | Radios | | |
| Canned Goods | | | Grain | | | Road materials | | |
| Carpet | | | Gravel | | | Rugs—other than oriental | | |
| Cement | | | Hardware | | | Rugs—oriental | | |
| Ceramics | | | Hay | | | Sand | | |
| Chemicals—home | | | Household effects | | | Seafood | | |
| Chemicals—industrial | | | Jewelry | | | Shrimp—fresh | | |
| China | | | Leather goods | | | Shrimp—frozen | | |
| Cigarettes & cigars | | | Livestock | | | Shoes | | |
| Clothing—men and women | | | Liquid—nonflammable | | | Sporting goods | | |
| Clothing—other | | | Lobster—fresh | | | Stereo equipment | | |
| Coal | | | Lobster—frozen | | | Tapes—audio, video | | |
| Computer—equipment | | | Logs & pulpwood | | | Textiles | | |
| Computer—software | | | Luggage | | | Tires & tubes | | |
| Containerized freight | | | Lumber | | | Tobacco | | |
| Cosmetics | | | Machinery | | | Tools | | |
| Cotton | | | Meat—boxed | | | Toys | | |
| Dairy products | | | Meat—frozen | | | TVs | | |
| Drugs—except narcotics | | | Meat—swinging | | | Vending machines | | |
| Dry goods | | | Metal & steel | | | Vegetables—fresh | | |
| Eggs | | | Milk—bulk-carton | | | Vegetable oil | | |
| Electrical supplies | | | Mobile homes—offices | | | Other: | | |
| Electronics—other | | | Narcotics | | | | | |
| Electronics—TV & stereos | | | Office equipment | | | | | |

Detail on highlighted items: _____

Average value per load: _____ Maximum value per load: _____

I have indicated above all commodities that I haul. Should I haul any other commodities not listed above, I will advise my agent to obtain coverage.

Insured Signature: _____ **Date:** _____

17. Deductible: \$500 \$1,000 \$2,500 Other: _____

18. Prior carrier and loss experience—three years:

| COMPANY | POLICY NO. | POLICY PERIOD | PREMIUM | NO. LOSSES | LOSS AMOUNT |
|---------|------------|---------------|---------|------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Provide details of all cargo losses incurred over \$2,500 whether covered by insurance or not: _____

19. Vehicle protection:

Fire extinguishers? Yes No
 All trucks and trailers equipped with locks? Yes No
 Vehicles equipped with alarms? Yes No
 If yes, what type? _____

20. Gross receipts for past three years:

| DATES | | GROSS RECEIPTS—COMPANY OWNED VEHICLES | GROSS RECEIPTS—LEASED VEHICLES |
|-------|-----|---------------------------------------|--------------------------------|
| FROM: | TO: | | |
| | | | |
| | | | |
| | | | |

Estimate of current year gross receipts: _____

21. Additional coverages available:

Loading and unloading? Yes No
 Refrigeration breakdown? Yes No
 Limit: _____ Deductible: _____

22. Filing information:

List states for which insured has cargo permits: _____
 State authority number(s): _____
 Is ICC Filing required? Yes No
 ICC docket number: _____

23. O, S & D:

Do you have any outstanding claims on overages, shortages, or damages (O, S & D)? Yes No
 Total outstanding: _____

FRAUD WARNING:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK, AUTOMOBILE:

Any person who knowingly and with 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 not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN THE STATE OF NEW YORK, OTHER THAN AUTOMOBILE:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)