

Lex Transport Plus

Motor Truck Cargo/Vehicle Physical Damage Application

(If insufficient space, enter overflow information in remarks section or attach separate sheet)

Proposed Policy Term:						
Named Insured:						
Address: (Street, City, ST, ZIP)						
Years in Business (this name)		<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual				
Filing Information Docket # & filings required.		<input type="checkbox"/> File BMC 34 MC Docket # _____ or DOT Docket # _____ <input type="checkbox"/> File Form H in (check box and advise state(s) in remarks and state docket # if required)				
Description of Operations:						
Property Covered:		Motor Truck Cargo				
Perils Insured:		Legal Liability of the Insured as Defined and Limited				
Limits of Liability:						
Policy Occurrence Limit	\$		Any one Occurrence Motor Truck Cargo & Vehicle Physical Damage			
Motor Truck Cargo Limits						
	\$		Per "Vehicle"			
	\$		Per Occurrence			
	\$		Per Scheduled Terminal			
	\$		Per Unscheduled Terminal			
Sub-Limits Amounts shown included in basic charge. Overwrite the standard limit shown with a higher sub-limit if needed. If no limit shown, no coverage is being requested	Pollutant Clean Up and Removal Expenses		\$	10,000		
	Debris Removal Expenses		\$	5,000		
	Freight Charges		\$	5,000		
	Contract Penalty		\$	5,000		
	Expediting Expenses		\$	5,000		
	Moving Equipment		\$	2,500		
	Newly Acquired Terminals		\$	100,000		
	Off-Board Electronics		\$	2,500		
	On-Board Electronics		\$	2,500		
	On-Board Expendable Supplies		\$	2,500		
	Reward Expenses		\$	2,500		
		\$		Per Vehicle		
		\$		Per Occurrence		
Vehicle Physical Damage Limits						
Debris Removal		\$	2,500			
Pollution Clean-Up		\$	2,500			
Towing, Storage & Wrecker Service		\$	2,500			
Terminal Locations (show city, state and zip for each location) Attach separate sheet or enter in remarks section for additional locations. If Physical Damage Values greater than \$ 500,000 show in Remarks Section.		Street Address		City	ST ZIP Max Values	
		Enter Street Address		City	ST ZIP	
		<input type="checkbox"/> Fence & locking gates <input type="checkbox"/> Lighted <input type="checkbox"/> Night Guard <input type="checkbox"/> 24 hour guard <input type="checkbox"/> Other-explain in remarks				
		Enter Street Address		City	ST ZIP	
		<input type="checkbox"/> Fence & locking gates <input type="checkbox"/> Lighted <input type="checkbox"/> Night Guard <input type="checkbox"/> 24 hour guard <input type="checkbox"/> Other-explain in remarks				
		Enter Street Address		City	ST ZIP	
		<input type="checkbox"/> Fence & locking gates <input type="checkbox"/> Lighted <input type="checkbox"/> Night Guard <input type="checkbox"/> 24 hour guard <input type="checkbox"/> Other-explain in remarks				
Deductibles:						
Motor Truck Cargo	\$		Per Occurrence except			
Vehicle Physical Damage	\$		Per Occurrence except			

Reporting Options: Motor Truck Cargo Vehicle Physical Damage	<input type="checkbox"/> Revenue Estimated \$ _____ <input type="checkbox"/> Mileage Estimated _____ <input type="checkbox"/> Monthly Report of Additions/Deletions <input type="checkbox"/> Quarterly Report of Additions/Deletions																																																						
Area (states & major cities) & Radius of Operations	Show States and Major Cities Here 0 - 50 ___ % 51 – 200 miles ___ % 201 – 500 miles ___ % Over 500 miles ___ %																																																						
Commodities Hauled (enter % of revenue or the % of mileage represented by the commodity. If insufficient space, put any overflow in the remarks section or attach separate sheet)	<table style="width:100%; border: none;"> <tr> <td style="width:50%;">Alcoholic Beverages</td><td style="width:5%;">___ %</td> <td style="width:50%;">Copper & Copper Products</td><td style="width:5%;">___ %</td> </tr> <tr> <td>Audio & Video Equipment</td><td>___ %</td> <td>Electronic Data Processing Equipment</td><td>___ %</td> </tr> <tr> <td>Cigars or Cigarettes:</td><td>___ %</td> <td>Firearms & Ammunition</td><td>___ %</td> </tr> <tr> <td>Drugs & Pharmaceutical products</td><td>___ %</td> <td>Leather & Leather Goods</td><td>___ %</td> </tr> <tr> <td>Cosmetics</td><td>___ %</td> <td>Shoes</td><td>___ %</td> </tr> <tr> <td>Auto parts and accessories</td><td>___ %</td> <td>Wearing apparel</td><td>___ %</td> </tr> <tr> <td></td><td>___ %</td> <td></td><td>___ %</td> </tr> <tr> <td></td><td>___ %</td> <td></td><td>___ %</td> </tr> <tr> <td></td><td>___ %</td> <td></td><td>___ %</td> </tr> <tr> <td></td><td>___ %</td> <td></td><td>___ %</td> </tr> <tr> <td></td><td>___ %</td> <td></td><td>___ %</td> </tr> <tr> <td></td><td>___ %</td> <td></td><td>___ %</td> </tr> </table>							Alcoholic Beverages	___ %	Copper & Copper Products	___ %	Audio & Video Equipment	___ %	Electronic Data Processing Equipment	___ %	Cigars or Cigarettes:	___ %	Firearms & Ammunition	___ %	Drugs & Pharmaceutical products	___ %	Leather & Leather Goods	___ %	Cosmetics	___ %	Shoes	___ %	Auto parts and accessories	___ %	Wearing apparel	___ %		___ %		___ %		___ %		___ %		___ %		___ %		___ %		___ %		___ %		___ %		___ %		___ %
Alcoholic Beverages	___ %	Copper & Copper Products	___ %																																																				
Audio & Video Equipment	___ %	Electronic Data Processing Equipment	___ %																																																				
Cigars or Cigarettes:	___ %	Firearms & Ammunition	___ %																																																				
Drugs & Pharmaceutical products	___ %	Leather & Leather Goods	___ %																																																				
Cosmetics	___ %	Shoes	___ %																																																				
Auto parts and accessories	___ %	Wearing apparel	___ %																																																				
	___ %		___ %																																																				
	___ %		___ %																																																				
	___ %		___ %																																																				
	___ %		___ %																																																				
	___ %		___ %																																																				
	___ %		___ %																																																				
Loss History Explain Loses greater than \$ 25,000 in remarks or attach a separate sheet. [You must enter loss information. See attached <u>is unacceptable</u>]	Motor Cargo	Year	Paid/Reserve Losses	Claim Counts Total 5,001 to 10,000 10,001 to 25,000 Over 25,000			Deductible																																																
		Expiring																																																					
		1 st Prior																																																					
		2 nd Prior																																																					
		3 rd Prior																																																					
		4 th Prior																																																					
	Physical Damage	Year	Paid/Reserve Losses	Claim Counts Total 5,001 to 10,000 10,001 to 25,000 Over 25,000			Deductible																																																
		Expiring																																																					
		1 st Prior																																																					
		2 nd Prior																																																					
		3 rd Prior																																																					
		4 th Prior																																																					
Revenue and Values. [You must show a number for O/O. If none, enter 0]	Year	Revenue	# Power Units	Power Unit Values	% O/O	# Trailers	Trailer Values																																																
	Projected																																																						
	Expiring																																																						
	1 st Prior																																																						
	2 nd Prior																																																						
	3 rd Prior																																																						
	4 th Prior																																																						

<p>Remarks (Enter Information for items showed as See Remarks above such as deductibles, terminal protection, premium base, et cetera or any additional information required to underwrite the risk)</p>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACTS MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, OH, OK, OR, IN, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED).

Applicant Signature
Applicant: _____
Title: _____
Date: _____

Brokerage Name & Producer Signature
Brokerage: _____
Producer: _____
Date: _____