

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 100 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Cargo Insurance

Bridenstine and Associates

Fax 612-395-5233

Contact First Name _____ Contact Phone Number _____
 Contact Last Name _____ Fax _____
 Your Company Name _____ Your Web Page Address _____
 Mailing Address 1 _____ Email _____
 Mailing Address 2 _____ Evening Phone _____
 Mailing City _____ State _____ Zip Code _____ Cell Phone _____

Contact Notes _____

Location Address 1 _____
 Location Address 2 _____
 Location City _____ State _____ Zip Code _____

Years in business _____

Business Type Individual Corporation Partnership
 Joint venture LLC Other

Premises Type Owner Owner-Lessor Service
 Off ice Habitational

Program Retail Wholesale Service
 Off ice Habitational

Description of operations _____

Mortgagee name & address _____

Business liability _____ \$300,000, \$500,000, or \$1,000,000

Business personal property to cover _____ enter \$ amount

Deductible _____

Exterior glass Yes No Sign Yes No

Amount of Money & Securities ie \$10,000 Inside/\$2,000 outside _____

Systems breakdown - Boiler and Machinery Yes No

Accounts receivable Amount _____

Valuable papers _____

Business computer: Hardware _____

Software _____

Employee dishonesty _____

Additional insured name & address _____

Non-owned and hired automobile _____

Building Amount to insure _____
 Replacement cost _____
 Actual cash value _____
 Construction Frame Joisted masonry
 Masonry: Noncombustible
 Fire resistive
 Sq. foot area of each building _____
 Sq. foot area occupied by applicant _____
 Year of construction _____
 Number of stories _____

Annual Sales _____

Annual payroll _____

Number of Employees _____

Payroll Excluding Owner _____

Prior Insurance Description Past 3 Years (Company Name, Year's Covered)

Loss History (Descriptions, Dates, Amount paid)

Remarks

Your First Step in establishing a program that will provide excellent coverage is to complete the following questionnaire. Your information will be Processed against over 20 different companies and a proposal will be created. Providing as much information as possible will give you the best chance to get excellent rates.

Looking for Cargo Insurance **Bridenstine and Associates** Fax 612-395-5233

Cargo Coverage Questionnaire

1.

**GENERAL INFORMATION
APPLICANT'S**

NAME _____
(exactly as it appears on I.C.C. & State Filing)

MAILING ADDRESS _____

City _____ State _____ Zip Code _____

Telephone (Office) (_____) (Home) (_____)

ADDRESS WHERE VEHICLES ARE GARAGED _____

Insurance is desired from: _____ • 20 _____ TO _____ .20 _____

Business of applicant is: _____ Type of carrier: Contract Common
and operates as a Corporation Partnership Individual Leased Private

Owner of cargo? _____

Is regular I.C.C. Bill of Lading issued. Yes No If no, attach copy of Bill of Lading used.

Do you lease to another motor carrier when hauling cargo described in this application? Yes No If yes, give name and address of lessee: _____

Is an Additional Insured Endorsment required by lessee? Yes No

is this a now operation? Yes No

Current management has controlled the business since? _____ (yr.)

Current management has been in this type of business since? _____ (yr.)

Have you ever filed for reorganization or bankruptcy? Yes No If yes, when? _____

Has any company ever canceled or refused to issue similar insurance? yes No IF yes, explain; _____

Have you purchased cargo insurance in the past 3 years? Yes No

11. PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE Past for the past three years with most recent carrier first)							
Policy Term From	To	company & Policy Number	Premium	Number of claims	Cause of Loss	Amount Paid	Reserves

III. VEHICLE INFORMATION

Applicant desires to schedule: Tractors Trucks Trailers/Semi-trailers

Model Year	TRACTORS	TRAILERS	TRAILE	Body Type		Locked	Serial or I.D. Number	GVW or GGW	Mileage Radius	Limit of Insurance
				Open	Closed					

Total Leased Tractors _____ Trailers _____ Trucks _____ Other _____

Total Owned Tractors _____ Trailers _____ Trucks _____ Other _____

IV. PROTECTION:

Is each unit equipped with fire extinguishers? Yes No

Are bodies of all Trucks and Trailers completely closed and equipped with snap locks? Yes No

Are Trucks equipped with Babaco Alarms? Yes No Other (Describe) _____

Number of men on Trucks _____ Are loaded Trucks ever let unattended? Yes No

Are drivers bonded? Yes No

V. CARGO DESCRIPTION. -

Cargo	% of hauling	Max. Value	Cargo	% of hauling	Max. Value	Cargo	% of hauling	Max. Value
Alcoholic Liquor	%		Fertilizer	%		Mobile Homes (Single), Modular	%	
Autos (Transporter)	%		Frozen Goods & ced	%		Mobile Homes (Double)'	%	
Autos (Towing Operator)	%		Furniture	%		Poultry (Live or Icecl)	%	
Beer/Wine	%		Gas, Oil	%		Produce, Fruit	%	
Building Materials (Excluding lumber)	%		Grains & Cereal	%		Seafood. Shrimp	%	
Canned/Dry (Non-Perishable)	%		Livestock	%		Steel, Steel Products	%	
Chemicals-Bagged or Bulk?	%		Luggage	%		Textiles (Raw)'	%	
Clothing	%		Lumber, Paneling	%		Tires	%	
Cotton (Bales)	%		Machinery (Type ?)	%		Tobacco Products	%	
Eggs in shells	%		Meat (Pkgd 7)	%			%	
Electronics (Type ?)	%		Milk	%			%	

• If applicant hauls double wide mobile homes, Limit of Insurance must be equal to the value of both sides combined to satisfy co-Insurance
 AVERAGE VALUE PER LOAD? \$ _____ (Amount of insurance on each truck should equal maximum load carried, as policies contain 1 00% co-insurance clause.) Is Applicant hauling doubles? _____ If so, give maximum value per trailer \$ _____

VI. FILING INFORMATION;

List states for which Insured requires CARGO FILINGS (check name on permits) _____
 19 I.C.C. filing required? Yes No I.C.C. Docket Number _____ Do you hold a broker's license? Yes No

VII RADIUS OF OPERATIONS:

What is the radius of operation? _____
 DO OPERATIONS EXTEND INTO OR THROUGH ANY OF THE FOLLOWING? IF \$0. CHECK APPROPRIATE TERRITORY:
 Albany Cincinnati Kansas City Nashville Tulsa
 Atlanta Cleveland Los Angeles Now Orleans Washington (State)
 Baltimore Dallas Louisville New York (State - Youngstown
 Birmingham Denver Memphis Excl, NY City
 Boston DeAroft Metro-Now York Oregon
 California D-C. Miami Philadelphia
 (Excl- L, A_ & S.F.) Houston Milwaukee San Francisco
 Chattanooga Jacksonville, Fla- Minneapolis St. Louis
 Chicago Jersey City Montreal (Canada) Toronto (Canada)

VIII, DRIVER INFORMATION: (if not enough space, show other drivers under miscellaneous.)

Driver's Name	Date at Birth	Driver's License No-	Social Security No.	State Where Driver's Lic. Obtained	Yrs. Exp. Driving Trucks	Length of Present Employment	-No. of Accidents In Past Three Yrs.	-No. of Moving Traffic Viol. in Past Three Yrs.

-Explain in miscellaneous Section.

IX. GROSS RECEIPTS INFORMATION

Estimate coming year? _____ Last year? _____ Two years ago? _____ Three years ago? _____

X. INSURANCE NEEDS - Complete for desired coverages:

Named Perils Broad Form Deductible Amount \$ _____ Tow Truck Amendatory Endorsement
 OPTIONAL COVERAGES (Additional Premium)- Additional Insured Endorsement (Lessee) Loading and Unloading Coverage
 Earned Freight Coverage Refrigeration Breakdown Coverage Hired Car Cargo Coverage
 REDUCTION OF COVERAGE (Premium Credit): Exclude Theft Coverage