National Casualty Company

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road

 Scottsdale, Arizona 85255

**MOTOR TRUCK CARGO APPLICATION**

|  |  |
| --- | --- |
| Name of Applicant:  D/B/A:  Street Address:  Mailing Address:  Phone No.:  Website Address: | Agency 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:**

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |  |  |  |  |
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**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 AND  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 and boats |  |  | **Fine art and collectibles** |  |  | Petroleum products |  |  |
| Beer and 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 and woodwork |  |  | Fruits—fresh |  |  | Poultry—live |  |  |
| **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 and 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 and pulpwood |  |  | Textiles |  |  |
| **Computer—software** |  |  | Luggage |  |  | Tires and 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 and steel |  |  | Vegetables—fresh |  |  |
| Eggs |  |  | Milk—bulk-carton |  |  | Vegetable oil |  |  |
| Electrical supplies |  |  | **Mobile homes—offices** |  |  | **Other:** |  |  |
| **Electronics—other** |  |  | **Narcotics** |  |  |  |  |  |
| **Electronics—TV and  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** |
| **TO** | **FROM** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** 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.

**NEW YORK OTHER THAN AUTOMOBILE 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 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)