



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:

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

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

Operates in the following provinces:

- | | | | | | |
|----------------------------------|---|-----------------------------------|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Manitoba | <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> P. E. I. | <input type="checkbox"/> Quebec | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> 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 \$ _____
 _____ \$ _____

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: _____