



TRANSPORTATION SECTION

DATE (MM/DD/YYYY)

AGENCY Associated Underwriters 9412 Giles Road La Vista, NE 68128 Phone: 402.592.0900 Fax: 402.592.0962 LICENSE #: CODE: AGENCY CUSTOMER ID	APPLICANT (First Named Insured)				
	PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
			AGENCY		
			DIRECT		
FOR COMPANY USE ONLY					

INTEREST	TYPE
APPLICANT IS: <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> OTHER <input type="checkbox"/> CONTRACT CARRIER <input type="checkbox"/> SHIPPER OF OWNED PROPERTY	<input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> MOTOR TRUCK CARGO <input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> OPEN <input type="checkbox"/> ANNUAL OTHER

OPERATIONS (Motor truck cargo legal liability on reverse side)				TRANSPORTATION					
PROPERTY SHIPPED				POINTS OF ORIGIN		POINTS OF DESTINATION			
TERRITORY				ANNUAL GROSS SALES					
				\$					
CONVEYANCE USED	ANNUAL VALUES SHIPPED AT APPLICANT'S RISK			AVERAGE VALUE PER SHIPMENT	LIMIT OF LIABILITY	BILL OF LADING			
	INCOMING	OUTGOING	INTERPLANT			FULL VALUE	NO	RELEASED VALUE	
CONTRACT CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
COMMON CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
RAIL	\$	\$	\$	\$	\$	YES	NO	\$	
AIR CARRIER	\$	\$	\$	\$	\$	YES	NO	\$	
	\$	\$	\$	\$	\$	YES	NO	\$	
OWNED VEHICLES	\$	\$	\$	\$	\$				
TOTAL	\$	\$	\$	\$	\$				
<input type="checkbox"/> SPECIAL FORM <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> INCLUDING THEFT			DEDUCTIBLE	# TRUCKS OPERATED	# TRACTORS OPERATED	# TRAILERS OPERATED	# TANK-TRUCKS OPERATED	# REFRIG. UNITS OPERATED	SPECIAL UNITS OWNED/OPERATED

VEHICLE SCHEDULE (Attach ACORD 129 if necessary. Attach ACORD 163, Driver Information Schedule.)							
Veh #	YEAR	MAKE:	BODY:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS	
		MODEL:	TYPE:		USED		
			V.I.N.:				
Veh #	YEAR	MAKE:	BODY:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS	
		MODEL:	TYPE:		USED		
			V.I.N.:				
Veh #	YEAR	MAKE:	BODY:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS	
		MODEL:	TYPE:		USED		
			V.I.N.:				

F.O.B.

IS CONTINGENT COVERAGE DESIRED ON F.O.B. SHIPMENTS MADE BY THE APPLICANT? YES NO

IF "YES", ENTER PERCENTAGE OF ANNUAL GROSS SALES REPRESENTED BY F.O.B. SHIPMENTS. _____ %

GENERAL INFORMATION											
#	EXPLAIN ALL "YES" RESPONSES.			YES	NO	#	EXPLAIN ALL "YES" RESPONSES.			YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?					6.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?				
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?					7.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?				
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?					8.	ARE VEHICLES LEFT LOADED OVERNIGHT?				
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?					9.	DOES APPLICANT BACK HAUL PROPERTY OF OTHERS?				
5.	ANY WATERBORNE SHIPMENTS TO BE COVERED?										

REMARKS

OPERATIONS

MOTOR TRUCK CARGO LEGAL LIABILITY

PROPERTY HAULED			GROSS RECEIPTS LAST 12 MONTHS				GROSS RECEIPTS NEXT 12 MONTHS				
			\$				\$				
TERRITORY			AVERAGE DISTANCE				MAXIMUM DISTANCE				
LIST TARGET COMMODITIES CARRIED		% OF GROSS REVENUES		MAXIMUM VALUE PER VEHICLE		LIST STATES WHERE FILINGS REQUIRED			DOCKET NO. _____		
									I.C.C. FILING REQUIRED		
									DOCKET NO. _____		
						LIMIT OF LIABILITY					
						SINGLE CONVEYANCE		PER DISASTER		LOADING/UNLOADING	
										LIMIT	
										DEDUCTIBLE	
						\$		\$		\$	
										\$	
										\$	
										\$	
										\$	
SPECIAL FORM		DEDUCTIBLE		# TRUCKS OPERATED		# TRACTORS OPERATED		# TRAILERS OPERATED		# TANK-TRAILERS OPERATED	
NAMED PERILS										# REFRIG. UNITS OPERATED	
<input type="checkbox"/> INCLUDING THEFT										SPECIAL UNITS OWNED/OPERATED	
<input type="checkbox"/> LOADING/UNLOAD NG											

TERMINALS

LOC. #	ADDRESS (ACORD 125)	AVERAGE VALUE AT TERMINAL	MAXIMUM VALUE AT TERMINAL	LIMIT OF LIABILITY
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

VEHICLE SCHEDULE (Attach ACORD 129 if necessary. Attach ACORD 163, Driver Information Schedule.)

Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	
		MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	
		MAKE:	BODY TYPE:	DATE PURCHASED	NEW	RADIUS OF OPERATIONS
		MODEL:	V.I.N.:		USED	

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			9.	DO TERMINALS HAVE FIRE PROTECTION (Sprinklers, hoses, etc.)?		
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?			10.	DO TERMINALS HAVE SECURITY SYSTEMS (Guards, alarms, fences, lights, dogs, etc.)?		
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?			11.	ARE VEHICLES LEFT LOADED OVERNIGHT?		
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?			12.	IS THE APPLICANT AN OWNER OPERATOR?		
5.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?			13.	DOES THE APPLICANT HIRE OWNER OPERATORS?		
6.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?			14.	DOES THE APPLICANT TRIPLELEASE TO OTHERS?		
7.	ARE OVERAGES, SHORTAGES, & DAMAGE CLAIMS PENDING?			15.	DOES THE APPLICANT BACK HAUL PROPERTY OF OTHERS?		
8.	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?						

REMARKS