





GEOGRAPHIC SCOPE – confirm principal cities/states you move freight to and from within the USA			
City	State	City	State
Do you move freight in and out of Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you move freight in and out of Mexico?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CLAIMS HISTORY</b> – please provide past 5 years of hard copy loss runs.			
Have you had any Cargo claims paid on your behalf in the past five years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had cargo claims incurred on shipments moved by your company whether insured or not over the past 5 years, which were not paid by the Motor Carrier or their Insurance company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, provide explanation and details of nature of the claim and the outcome:			
<b>There may be additional financial risk your company may face, please indicate if you would like more information on the following policies:</b>			
General Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property & Casualty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Directors & Officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Errors & Omissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contingent Auto?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 <sup>rd</sup> Party Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surety Bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
BMC-84	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other?	
Please provide any additional comments:			

**APPLICANT ACKNOWLEDGEMENT & SIGNATURE**

By signing below you are acknowledging that you have completed this application with statements and information that are true and accurate within the scope of your knowledge, and you understand that we will only be able to offer a quotation when all the applicable sections are completed and any additional requested items are received.

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 fact 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, DC, FL, HI, MA , NE , OH , OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

In the District of Columbia, warning: 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 Florida, 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.

In Massachusetts, Nebraska, Oregon and Vermont, 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 fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject person to criminal and civil penalties.

In the Washington, it is a crime to knowingly provide false, incomplete information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_