



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

Motor Truck Cargo Application

Name of Applicant _____
 D/B/A _____
 Street Address _____
 Mailing Address _____
 Phone Number _____
 Web site Address _____

Agent 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

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 & 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 & boats			Fine art & collectibles			Petroleum products		
Beer & 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 & woodwork			Fruits—fresh			Poultry—live		

PROPERTY	%	VALUE	PROPERTY	%	VALUE	PROPERTY	%	VALUE
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 & 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 & pulpwood			Textiles		
Computer—software			Luggage			Tires & 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 & steel			Vegetables—fresh		
Eggs			Milk—bulk-carton			Vegetable oil		
Electrical supplies			Mobile homes—offices			Other:		
Electronics—other			Narcotics					
Electronics—TV & 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 FROM:	TO:	GROSS RECEIPTS—COMPANY OWNED VEHICLES	GROSS RECEIPTS—LEASED VEHICLES

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 to Nebraska, Oregon or Vermont).**

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.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 knowingly and with intent to defraud any insurance company 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.

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 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK, AUTOMOBILE:

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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK, OTHER THAN AUTOMOBILE:

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)