



Inland Marine Basic Application

Complete this page or ACORD 125.
Attach application for appropriate line(s) of coverage.

PRODUCER INFORMATION

Agency Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Producer Code: _____ Submitted by: _____
 (six digits) Phone Number: _____

APPLICANT INFORMATION

First Named Insured: _____
 Address: _____
 City: _____ ST: _____ Zip: _____
 Years... at this location ... in this business
 Attachments? Additional named insureds? Y N Loss payees & addresses? Y N
 Action: Quote Issue Bound (date, time effective): _____
 Billing: Agency Direct Payplan: _____
 Do you presently write this account? Y N How long have you known applicant? _____
 Present Carrier: _____ Premium/Rate: _____
 Desired Effective Date: _____ Desired Expiration Date: _____
 Any other insurance with this Company or being submitted? Yes No If yes, identify under "Remarks"
 Describe Operations: _____
 Gross Annual Sales: \$ _____
 Any policy/coverage declined, cancelled or non-renewed in past 3 years? (Not applicable in MO) Y* N
 If so, for what reason? _____
 Has applicant ever filed bankruptcy or reorganization? Y N Date: _____ Court: _____
 For inspection, contact (name, phone number): _____

LOSS HISTORY (past 5 years)

Lctn #	Date	Amount Pd.	Open Clm?		Deductible	Cause of Loss	Prevention Implemented
			<input type="checkbox"/> Y	<input type="checkbox"/> N			
			<input type="checkbox"/> Y	<input type="checkbox"/> N			
			<input type="checkbox"/> Y	<input type="checkbox"/> N			
			<input type="checkbox"/> Y	<input type="checkbox"/> N			
<input type="checkbox"/> No losses in the past 5 years.					<input type="checkbox"/> More loss history on attached pages? <input type="checkbox"/> Y <input type="checkbox"/> N		

REMARKS

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 act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Applicant Signature, Date: _____

Producer Signature, Date: _____

F. 170 (6/97)



Motor Truck Cargo

Please attach to Basic App or ACORD 125.

Operations are: Common Carrier Contract Carrier
 Freight Forwarder Transportation Broker
 Exempt or Private Other: _____

LIMITS OF INSURANCE

\$ _____ on any one vehicle in transit OR A schedule of vehicles and their limits is attached.
 \$ _____ any one loss, whether loaded or unloaded

TERMINALS

Amount of Ins	Address	Construction	Fire & Theft Protection

Deductible: \$ _____

Spoilage/Freezing coverage desired. Spoilage Deductible: \$ _____

Reporting form desired: Monthly Annual

FILINGS REQUIRED

ICC/Surface Transportation Board; Docket No: _____
 State(s): _____

OPERATIONS

Gross Receipts: Year: _____ Amount: \$ _____
 (past 3 years) _____ \$ _____
 _____ \$ _____
 Next 12 months (estimated): \$ _____

Major Customers: _____ %
 _____ %
 _____ %
 _____ %
 _____ %

Commodities Hauled	% of time hauled	Average Value	Maximum Value
	%		
	%		
	%		
	%		
	%		

Identify percentage that each of the following represents to the total of all commodities hauled (if applicable):

Alcoholic Beverages _____ %	Eggs _____ %	Bulk Liquids _____ %
Drugs _____ %	Flammable Liquids _____ %	Explosives _____ %
Meat or Seafood _____ %	Clothing _____ %	Cigarettes/Cigars _____ %
Auto Parts/Tires _____ %	Comptrs/TV/Electrnics _____ %	Precious Metals/Alloys _____ %

Percent of hauls requiring temperature control: _____ %
 Shipments requiring rigging: _____ %
 Radius: _____ % < 50 miles _____ % 50-250 miles _____ % 250-500 miles _____ % > 500 miles
 Principal cities served: _____

Policies may be underwritten by Great American Insurance Company, American Alliance Insurance Company, American National Fire Insurance Company, or Agricultural Insurance Company. Licensing authority varies by state.

OPERATIONS, continued...

Do you haul goods that you own? Yes* No
 * Describe: _____
 * Annual Values shipped: \$ _____

Do you maintain a formal safety program? Yes* No
 * Explain: _____

Any overages, shortages or damages claims pending? Yes No

Does applicant backhaul property of others? Yes No

_____ % Trip-leased to other carriers _____ % Trip-leased from other carriers
 _____ % Brokered load to other carriers _____ % Brokered load from other carriers

ABOUT THE DRIVERS...

Are all drivers employed full-time? _____ Yes No
 Does applicant obtain MVR verification on all drivers? _____ Yes No
 Does applicant hire owner operators? _____ Yes No
 Do drivers receive regular physicals? _____ Yes No
 Are drivers bonded? _____ Yes No

Average length of service of drivers: _____ years
 Maximum # of hours drivers will operate in a 24-hour period: _____ hours

How are drivers screened?
 Drug and alcohol test
 Minimum age, _____ years
 Years of experience, _____ years
 Maximum # of moving violations in past 3 years; _____ violations
 Other: _____

Schedule of drivers, incl. license #, state of issue, date of birth, and years of driving experience, is attached.

ABOUT THE VEHICLES...

Average value per load: \$ _____ Maximum value per load: \$ _____

Number of: Box Van Trailers Flat Bed Trailers
 Owned Tractors Leased Tractors
 Refrigerator Units Tank Trucks
 Trucks

Average age of vehicles: _____ years

A schedule of vehicles is attached which includes the following information:
 Manufacturer Vehicle Type Capacity
 Model Year Serial Number
 Radius of Operations
 Description of any alarms with which the vehicle is equipped.

Describe the vehicle maintenance program (incl. who performs it, how often, and what records are kept):

Are vehicles left loaded and unattended? Yes* No
 * When and where? _____

What security is provided for loaded vehicles? Fenced Lot Kingpin locks
 Security Guards Other: _____

Number of drivers on each truck: _____



POLICYHOLDER DISCLOSURE OFFER OF TERRORISM COVERAGE

The Terrorism Risk Insurance Act of 2002 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

In accordance with the Terrorism Risk Insurance Act of 2002, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism committed by an individual(s) acting on behalf of a foreign person or foreign interest. The policy's other provisions will still apply to such an act.

DISCLOSURE OF PREMIUM

If you **elect to purchase** Terrorism Coverage for acts of terrorism that are certified under the federal program as an act of terrorism, the additional premium for this coverage is \$0_____. (This additional premium will be included with the total premium shown on your policy's Declarations page.)

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

REJECTION OF TERRORISM INSURANCE COVERAGE

You may choose to reject this offer of coverage by signing the following rejection statement and returning it to us:

I hereby reject the offer of terrorism coverage. I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

Policyholder/Applicant's Signature

Date

Print Name

Great American Insurance Company

Insurance Company

Quote

Policy Number