



Ace Truck Cargo Application

Name of Applicant: Proposed Eff Date:

DBA (if applicable): Year Business Started

Mailing Address: City:
State: Zip:

Physical Address: City:
State: Zip:

Contact Phone #: Contact Person:

Contact Person Email:

Fax #: Website:

Dot #: Docket #: FEIN #

Description of Operations:

IF IN BUSINESS LESS THAN 3 YEARS - INDICATE WORK HISTORY

Number of Power Units: Current Insurer:

Radius %:

1-50 Mi	51-300 Mi	301-500 Mi	501-1000 Mi	1001 +	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100%

Commodities %:

Type of Commodity	%
Meat	
Seafood - Fresh or Frozen	
Copper	
* Please list all metals being hauled	
* Can only show 10% general freight	
TOTAL	100%

Desired Limits/Deductible/Options:

Per Vehicle Limit:

Deductible:

Terminal Coverage (Y/N):

Address

City

State

Zip

Limit

Construction

Protection Class

Is location lighted (Y/N):

Is location sprinklered (Y/N):

Burglar alarm (Y/N):

Any mfg at location (Y/N):

Location fenced (Y/N):

24 hour watchman (Y/N):

Occupancy:

Trailer Interchange (Y/N):
Trailer Interchange Limits':
Trailer Interchange Ded:

Reefer Breakdown (Y/N):

Water Damage (Y/N):

Do you have operational GPS system in all covered vehicles (tractors & trailers) Y / N?

Carrier Type (check appropriate):

☐ Common ☐ Contract ☐ Private ☐ Broker ☐ HHG ☐ Frt Forwarder ☐ Exempt for Hire ☐ Other _____

Have you filed bankruptsy in past three year years (Y/N): If yes, give details below:

Have you had any insurance coverage declined, cancelled or nonrenewed in the past 3 years (Y/N):

** If yes, please explain:

Have cargo losses for the past 3 years exceeded \$5000? (Y/N)

How many years have you purchased Cargo coverage for this business:

How many years have you held CDL?

Number of Owner/Operators

How many driver under 22 or over 65 years old?

How many drivers have less than 2 years commercial driving experience?

PLEASE COI

Has any driver been convicted on DUI or DWI in the past 5 years (Y/N):

Does any driver to be covered have a major violation in the past 3 years (Y/N):

How many drivers have 5 or more moving violations in the past 3 years?

Additional Coverage Requests or Additional Information:

Cargo Losses for Past Three Years:

Date	\$ Amount	Description

ALSO INCLUDE WITH YOUR SUBMISSION:

1. CURRENTLY VALUED LOSS RUNS FOR THE CURRENT POLICY YEAR AND PRIOR THREE YEARS.
2. CURRENT MVRs FOR ALL DRIVERS

APPLICANT SIGNATURE: _____ DATE: _____

AGENT/BROKER SIGNATURE: _____ DATE: _____