



TOKIO MARINE AMERICA INSURANCE COMPANY INLAND MARINE FLEET CARGO APPLICATION

Agency: _____ Location: _____

Proposed Effective Date: _____ to _____

Needs by: Date _____

Is this your current direct business: Yes _____ No _____

Name of Applicant: _____

Mailing Address: _____

Principal Garaging Location: _____

Phone Number: _____ ICC Docket Number: _____

1. GENERAL INFORMATION:

Type of Carrier: Common: _____ Contract: _____ Private/Owners Fleet: _____

If Contract Carrier, for whom? _____

Number of years in business? _____ How long has current Owners owned business? _____

Does Applicant manage a Brokerage Operation? Yes _____ No _____

If Yes, Name and Docket Number: _____

Any containerized cargo hauled? Yes _____ No _____ Applicant pull double or triple trailers? Yes _____ No _____

If Yes, explain _____

Any oversize/overweight cargo hauled? Yes _____ No _____

Any special equipment mounted or attached? Yes _____ No _____

If Yes, please explain _____

2. OWNERSHIP INFORMATION:

Entity is a: Individual _____ Partnership _____ Corporation _____

Advise any affiliate companies to be covered under this policy: _____

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3. DRIVER INFORMATION:

Safety Director's name: _____

Number of years with applicant: _____ Number of years in safety: _____

Are driving records checked pre-employment: Yes _____ No _____ How often are MVR's ordered: _____

Drivers pay scale is based on: _____

4. DRIVER HIRING REQUIREMENTS:

Minimum Age: _____ Maximum Age: _____ Minimum OTR experience: _____

Total Number of Drivers: _____ Number of Drivers employed more than 1 year: _____

5. FLEET AND RADIUS OF OPERATION BREAKDOWN:

Unit Description	Company Owned	Leased Owner Oprs	Local Radius 0-50	Intermediate 51 - 200	Long Haul 201+ Miles
Tractors					
Straight Trucks					
Semi-Trailers					
Refrigerated Trles					
Tanker Trailers					
Dump Trailers					

6. CARGO PROTECTIONS:

Vehicles equipped with theft alarms: Yes _____ No _____ If Yes, specifics: _____

Are vehicles or trailers ever left loaded overnight (Other than a fenced & gated site): Yes _____ No _____

Are king pin locks always used for unattached trailers: Yes _____ No _____

Does each power unit have a fire extinguisher: Yes _____ No _____ Are drivers bonded: Yes _____ No _____

Are loads secured (Locks, Safety Seals, Shock Sensors, etc): Yes _____ No _____ Specifics: _____

Is the uniform ICC/DOT Bill of Laden issued: Yes _____ No _____ If No, attach copy of Bill of Laden used.

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7. REVENUE / MILEAGE BREAKDOWN:

	Number of Revenue Producing Power Units	Annual Mileage	Annual Revenue
Renewal Policy Term Estimate			
Current Policy Term			
1st Prior Year			
2nd Prior Year			

Average Annual Gross Revenue per power unit: Current Year: _____ Next Year: _____

8. COMMODITIES: (Complete following or Attach List with Percentage and Avg & Max Values)

Type Commodity	% of Revenue	Average Value	Maximum Value

Average Value Per Load: _____ Maximum Value Per Load: _____

Any Hazardous Materials Hauled (DOT 49 CFR defined substances or waste): Yes ____ No ____

If Yes, what commodities: _____

Provide the Control Number for each hazardous commodity hauled: _____



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9. CARGO LIMITS REQUESTED:

Limit Per Vehicle: \$ _____ Limit Per Occurrence: \$ _____

Deductible desired: \$ _____

This application shall not be binding unless and until a policy or binder shall be issued and delivered herewith and then only as of commencement date of said policy or binder and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a Just, full and true explanation of all facts and circumstances with regard to the account to be insured, insofar as same are known to the applicant, and the same are hereby made as the basis and condition of the insurance. The applicant, by his/her signature, affirms full knowledge of, and adherence to, current D.O.T. safety regulations. We hereby apply for insurance with respect to the coverages and information stated herein. 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 information for the purpose of misleading concerning any fact material thereto, commits a fraudulent Insurance act, which is a crime.

_____	_____	_____
Signature of Agent	Date	Signature of Applicant

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Supplemental items

If **Terminal Coverage is needed**, complete following or attach list

LOCATION ADDRESS	Building Const	Bld Security	LIMIT

Types of commodities back hauled: _____

If **Refrigeration Breakdown coverage is needed**, how often are refer units serviced: _____

Who services the refer units: _____ Applicant keep servicing records: Yes ____ No ____

If a higher limit is required for certain shippers:

Shipper # 1: _____ Limit: \$_____ Commodity: _____ % of total: _____

Shipper # 2: _____ Limit: \$_____ Commodity: _____ % of total: _____

Is higher limit due to actual exposure or for Contract requirements: _____

If a specific Deductible (Options) are requested: \$ _____ or \$ _____ or \$ _____

Describe relationship for any affiliated companies to be covered under this policy:
