

INCOMPLETE APPLICATION WILL NOT BE ACCEPTED



Additional Information Form



Please Submit application to:
309 N. Stuart Place Road
Harlingen, Tx 78552
Call Toll Free 1-800-716-2559
Fax (956) 425-9350

AI Transport Application for Primary Liability and MVR's must accompany this form

PHYSICAL DAMAGE SUMMARY OF TOTAL LOSS EXPERIENCE

(For groups of 10 or more units, attach current and last 3 years of company loss runs)

ONLY FILL OUT IF INFORMATION IS NOT ON AI TRANSPORT APPLICATION

Coverage	Policy Effective Dates	Gross Claims Incurred (Paid and Reserved)	# of Claims	Premium	Limits	Ded/SIR Amount	Insurer
Physical Damage	Current Year						
	Prior Year						
	Two Years Ago						
	Three Years Ago						

- Check here if you are requesting an indication for physical damage coverage from a Surplus Lines Insurance Company, of the AIG Group.
 Check here if requesting a quote on non-owned trailer coverage \$ _____ (amount)

X _____ × **SIGN HERE IF ACCEPTING COVERAGE**

MOTOR TRUCK CARGO

Coverage from a Surplus Lines Insurance Company, of the AIG Group

Requested Policy Effective Date: _____

Regulatory Information

FMCSA (ICC) Docket No. MC _____ DOT Docket No. _____

State Docket #'s _____

Filings Address if Different from address on AI Transport Application (filing must have address shown on the authority letter)

ADDRESS CITY STATE ZIP

Filings to be made: FMCSA State (indicate States ̀) _____

Operating Rights: Interstate Only Intrastate Only Both

Type of Authority: Common Carrier Contract Carrier Exempt Regular Route Irregular Route

If additional docket #'s / filings apply, attach separate sheet and indicate information for each as above.

Cargo Limit Of Insurance Requested

- Any one vehicle \$ _____ Limit
 Mechanical Breakdown \$ _____ Any one occurrence
 Scheduled Terminal Limit \$ _____ Please provide address of terminals on page 2, under Scheduled Terminal Exposures
 Unscheduled Terminal Limit \$ _____ Blanket Coverage
 Any one occurrence \$ _____ For all cargo coverages and endorsements combined
 Deductible \$1,000 \$2,500 \$5,000 Per occurrence (minimum \$2,500 mechanical breakdown deductible)

Equipment And Exposure Basis

List below your estimated mileage, gross receipts, average number of revenue-producing units for the proposed policy period, as well as the actual figures for **current and 4 previous policy periods.**

POLICY TERM MONTH/YEAR	TOTAL MILEAGE	GROSS RECEIPTS	AVG # UNITS	PHYSICAL DAMAGE VALUES
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____
_____ to _____	_____	_____	_____	_____

Please check the areas below in which 20 % or more of gross revenue originate or arrive to.

* This program is not available for risks domiciled/located in the state of New York, Delaware or the following New Jersey counties: Sussex, Passaic, Bergen, Essex, Hudson, Union, Middlesex, Mercer, Hunterdon, Warren, Morris and Somerset. A separate policy can be issued for risks domiciled/located in New York and above New Jersey counties (not Delaware) with a minimum premium of \$25,000

- | | |
|---|--|
| <input type="checkbox"/> New York, (Including the Port of New York) Philadelphia PA, and the following New Jersey counties: Sussex, Passaic, Bergen, Essex, Hudson, Union, Middlesex, Mercer, Hunterdon, Warren, Morris and Somerset. | <input type="checkbox"/> (Texas) Harris, Galveston and Colorado Counties (Including Port of Houston & Galveston) New Orleans (Including Port of New Orleans) |
| <input type="checkbox"/> Los Angeles, San Francisco, San Diego, Orange, Alameda and Oakland Counties (Including Ports there of) | <input type="checkbox"/> Dade, Broward, Palm Beach Counties (Includes Port of Miami) |
| <input type="checkbox"/> Atlanta GA, Boston MA, Seattle WA | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> None of the Above |

Target Commodities Hauled (list only commodities that consist of 10% or more of total)

Check off commodities hauled

- | | | | |
|--------------------------------------|------------------------------|-----------------------------|-------------------------|
| Alcoholic Beverages (Including Beer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Audio and Video Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Auto Haulers and Auto parts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Cigars, Cigarettes or Tobacco | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Drugs and Pharmaceutical Products | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Cosmetics | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Tires | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Copper and Copper Products | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Electronic Data Processing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Firearms and Ammunition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Leather and leather goods | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Seafood, unless canned | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Hanging meat | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Shoes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Wearing Apparel | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| None of the above | <input type="checkbox"/> | | |

Commodity Class

- | | | | |
|-------------------------------------|------------------------------|-----------------------------|-------------------------|
| General Freight Box Trailer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Flatbed (excluding heavy equipment) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Heavy Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Bulk Commodities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |
| Reefer Commodities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % of your revenue |

Scheduled Terminal Exposures

Protective Safeguards: A) Fenced with locking gates B) Fully lighted from dusk to dawn C) 24 hour guard D) Controlled Entrance (PS)

E) Guard from dusk till dawn & when unattended

LOCATION (Address, City, State, Zip Code, Construction Code)

Construction Codes: 1= Frame; 2= Joint & Masonry; 3= Metal; 4= Modified Non Combustible; 5= Modified Fire Resistance; 6=Fire Resistance (CC)

CC PS Average Values Maximum Values

Address _____

City _____ State _____ Zip _____

Address _____

City _____ State _____ Zip _____

CC	PS	Average Values	Maximum Values

Unscheduled Terminal Exposures

Approximate number of unscheduled terminals _____

Financial Questions For 1-9 Units

1. What were your gross revenues for the current year? \$ _____ and previous year? \$ _____
 I am a new venture with all drivers having a minimum of 3 years of CDL driving experience.
2. Did you or your company incur a net loss in any of the past three years? YES NO
3. Have you or your company filed for Chapter 7 or 11 Bankruptcy in the past 10 years? YES NO
4. Do you have any open claims (whether or not covered by insurance) from policy years proceeding the current year, that exceed \$5,000? Yes No If yes, indicate amount \$ _____
5. Has your insurance been cancelled in the last 3 years? (other than non-payment or premium) YES NO
 (if yes please explain in the general comments section below).

Please Note: If you answered **Yes** to question 2, 3, 4 or 5 please provide additional information in the general comments section below.

Note: For 10 or more units,

Please attach Financial Statement or fill out Financial Information Chart below.

**FINANCIAL INFORMATION
FOR 10 OR MORE UNITS ONLY**

	Most Recent Year Ending 20____	Prior Year Ending 20____	Prior Year Ending 20____
Cash			
Accounts Receivable			
Total Current Assets			
Accounts Payable			
Total Current Liability			
Long Term Debt			
Total Liability			
Net Worth			
Annual Receipts			
Total Expenses			
Annual Depreciation			
Net Profit / Net Loss			

Request Terrorism Coverage YES NO

If No, Terrorism rejection form must be signed at binding of coverage

SUMMARY OF TOTAL LOSS EXPERIENCE

(For Groups of 10 or more units, attach current and last 3 years of company loss runs)

I _____, hereby state that I have had no losses or that I have had the following losses within the last (3) _____
Name of Proposed Insured
 three years as shown below.

Coverage	Policy Effective Dates	Gross Claims Incurred (Paid and Reserved)	# of Claims	Premium	Limits	Ded/SIR Amount	Insurer
Cargo	Current Year						
	Prior Year						
	Two Years Ago						
	Three Years Ago						

General Comments – Loss Experience (attach a separate sheet for additional information)

(You must attach details on losses in excess of \$5,000 and include a list of all open claims, whether or not covered by insurance)

I hereby acknowledge that any misrepresentation of the above loss information could result in the cancellation of my insurance coverage.

X _____
Signature of Proposed Insured

X _____
Date

* Application must be signed prior to binding of coverage.