



Cargo Advantage® Application GREATpolicy®

Eligibility

Yes No

DOT Number _____

Is the insured's Motor Truck Cargo insurance currently or within the past 5 years insured by Great American? ☐ ☐

Years in business _____

If new venture/authority, how many years of prior experience? _____

Has cargo coverage been cancelled or non-renewed within the past 5 years? ☐ ☐

Has applicant filed for bankruptcy within the past 5 years? ☐ ☐

Has applicant had authority under a different name within the past 5 years? ☐ ☐

If yes, enter DOT number of prior authority _____

Are all drivers between the ages of 23 – 65 (*DOT physical not required*) or 66 – 70 (*with a copy of acceptable DOT physical – due at time of binding*)? ☐ ☐

Do all drivers have at least 2 years' experience transporting similar type commodities? ☐ ☐

Has any driver had any of the following major violations in the past 36 months? ☐ ☐

- DWI/DUI
- Refusing a substance test
- Reckless driving
- Eluding a police officer
- Manslaughter
- Driving while license is suspended
- Hit and run
- Any felony (*charge or conviction*)
- Drag racing

Does any single driver have 4 or more minor violations? ☐ ☐

- Speeding
- Driving while operating a handheld device
- Texting while driving
- Improper lane changes
- Failure to yield
- Running red lights or stop signs

Does the applicant haul commodities in an open pickup truck bed? ☐ ☐

Does the applicant ever haul any oversized (*exceeds 8 ft. 6 in. wide or 13 ft. 6 in. in height from road surface*) or overweight (*exceeds 46,000 lbs. gross weight*) commodities? ☐ ☐

Does applicant accept loads as an owner operator or subhauler under a written lease agreement with another motor carrier? ☐ ☐

If yes, does agreement require applicant to reimburse or indemnify the motor carrier for direct physical loss to covered property? ☐ ☐

Details

Producer Code _____

Insured Name _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Effective Date _____ Expiration Date _____

Details Continued

				Yes	No
Loss Experience (past 3 years)					
Any losses within past 3 years?				<input type="checkbox"/>	<input type="checkbox"/>
Hard copy loss runs attached?				<input type="checkbox"/>	<input type="checkbox"/>
Total paid cargo losses (past 3 years) \$ _____					
Policy Period	Amount Paid	# Claims	Cause(s) of Loss	Open Claim?	
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
Does applicant ever leave loaded trailers detached from power units?				<input type="checkbox"/>	<input type="checkbox"/>
Does applicant ever leave loaded trailers unattended?				<input type="checkbox"/>	<input type="checkbox"/>
Average radius of operation: <input type="checkbox"/> 150 miles or less <input type="checkbox"/> 151 to 300 miles <input type="checkbox"/> 301 to 500 miles					
<input type="checkbox"/> 501 to 1,000 miles <input type="checkbox"/> over 1,000 miles					

Type of Operation

- | | |
|--|---|
| <input type="checkbox"/> Dry van/box van/cargo van/dump/pneumatic/tanker | <input type="checkbox"/> Household goods |
| <input type="checkbox"/> Refrigerated freight | <input type="checkbox"/> Mobile home hauler |
| <input type="checkbox"/> Flat bed | <input type="checkbox"/> Double trailers |
| <input type="checkbox"/> Automobile hauler | <input type="checkbox"/> Courier |
| <input type="checkbox"/> Containerized freight | <input type="checkbox"/> Wrecker/Towing |

Commodities Hauled

Enter % of each commodity hauled. If the applicant hauls commodities not listed below, please describe under Other commodity or attach list.

Commodity % of Total	Commodity	Commodity
Air Conditioning equipment _____%	Electronics – Consumer _____%	Oversized or Overweight Items _____%
Air Freight (FedEx, US Mail, UPS, etc.) _____%	Farm Machinery _____%	Paper, Paper Products & Printed Matter _____%
Aircraft Engines _____%	Feed _____%	Perfume _____%
Aircraft Parts (not engines) _____%	Fertilizer (Bagged) _____%	Petroleum Products _____%
Amazon _____%	(In Bulk) _____%	Pharmaceuticals (over the counter) _____%
Appliances (Major) _____%	Fiber Optic cable _____%	Pharmaceuticals (prescriptions & controlled)* _____%
Appliances (Small) _____%	Fine Arts* _____%	Photographic/Sound/Video (equipment) _____%
Auto accessories/parts (not tires) _____%	Firearms _____%	(CDs, DVDs, Film, Tapes) _____%
Automobiles (Max limit any one vehicle \$100K) _____%	Flour _____%	Pianos _____%
Automobiles – Wrecker Service _____%	Flowers (cut or fresh) _____%	Pine Needles _____%
Asphalt (Liquid) _____%	Food (Frozen/not seafood) _____%	Plants, Shrubs & Trees _____%
Baked Goods _____%	Furniture (new) _____%	not temp controlled _____%
Batteries _____%	Furniture (used) or household goods - movers _____%	temp controlled _____%
Beverages - Beer _____%	Glass _____%	Plastic Products _____%
- Liquor _____%	Golf Carts _____%	Plumbing Supplies _____%
- Soft Drinks _____%	General Dry Freight (mixed loads; max 25%) _____%	Poultry (not live) _____%
- Wine _____%	Grain _____%	Precious Metals & Alloys* _____%
Blood/Organs/Tissues* _____%	Gravel & Rock _____%	Produce _____%
Boats _____%	Groceries (other than frozen food and produce) _____%	Railroad & Garden Ties _____%
Bottles - Glass _____%	Hay _____%	Recreational Vehicles _____%

Commodities Hauled *Continued*

Commodity % of Total	Commodity	Commodity
Bottles - Plastic _____ %	Hardware _____ %	Red Label Placard shipments (other _____ %
Building Materials _____ %	Ice Cream _____ %	than petroleum, fertilizer & asphalt)
Bullion* _____ %	Iron (raw or coils) _____ %	Rigging (property requiring) _____ %
Butter _____ %	Jewelry & Jewels* _____ %	Rubber products (not tires) _____ %
Candy _____ %	Juice _____ %	Salt (in bulk) _____ %
Canned Goods _____ %	Livestock (up to 300 Miles) _____ %	Sand (in bulk) _____ %
Carpet (not Oriental Rugs) _____ %	Livestock (300+ Miles) _____ %	Seafood (fresh) _____ %
Caskets _____ %	Logs _____ %	Seafood (frozen) _____ %
Cement _____ %	Lumber _____ %	Securities (including Checks and Transit Letters)* _____ %
Cheese _____ %	Machinery (light/non-precision in dry van) _____ %	Shoes – Designer/Athletic _____ %
Chemicals (other than red label placard) _____ %	Machinery (light/non-precision on flat bed) _____ %	Shoes – other than Designer/Athletic _____ %
China/glassware/pottery _____ %	Machinery (heavy or precision) _____ %	Solar Panels _____ %
Cigarettes/Cigars & tobacco products* _____ %	Magnetic Resonance Imaging Units (MRI) _____ %	Spas/Hot Tubs – Personal _____ %
Clothing (not listed below) _____ %	Medical Diagnostic Equipment (\$25,000 or less) _____ %	Spas/Hot Tubs – Commercial _____ %
- Athletic _____ %	Medical Diagnostic Equipment (over \$25,000) _____ %	Sporting Goods _____ %
- Blue Jeans _____ %	Meat (boxed) _____ %	Steel (Raw or Coils) _____ %
- Furs* _____ %	Meat (swinging) _____ %	Stone Products (marble, etc.) _____ %
- Designer _____ %	Memorabilia/Collectibles _____ %	Swimming Pools _____ %
- Tee Shirts _____ %	Metals (non-ferrous) _____ %	Tar _____ %
Coal _____ %	Metal Products (Finished) _____ %	Textiles _____ %
Construction Equipment _____ %	Milk _____ %	Tires _____ %
Containerized Freight (up to 500 miles) _____ %	Mobile Homes _____ %	Tobacco (Raw/unmanufactured)* _____ %
Containerized Freight (over 500 miles) _____ %	Money* _____ %	Tools _____ %
Copper _____ %	Motorcycles _____ %	Top Soil & Fill _____ %
Cosmetics _____ %	Mulch _____ %	Toys & Crafts _____ %
Cotton _____ %	Musical instruments (other than pianos) _____ %	Transformers _____ %
Department Store Merchandise _____ %	Office Equipment _____ %	Trash/Garbage _____ %
- Mixed Loads (Walmart, Target, Amazon, etc.) _____ %	Ore _____ %	Turbines _____ %
- Mixed Loads (Macy's, Belks, Nordstrom's, etc.) _____ %	Oriental Rugs _____ %	Wire (not fiber optic or copper) _____ %
Eggs _____ %	Other Describe _____ %	Wood Products (other than furniture & caskets) _____ %
Electrical Parts & Supplies _____ %		

**This commodity is NOT Covered Property in the standard, unendorsed Cargo Advantage Coverage Form. For a complete list of Property Not Covered, see Cargo Advantage Coverage Form, Paragraph A. 2.*

Coverage Limits

Vehicle Schedule

VIN Number	Model Year	Description

Limit of Insurance per power unit:

<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$125,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$175,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$225,000
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$275,000	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$350,000	<input type="checkbox"/> \$500,000
Deductible:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	

Coverage Limits *Continued*

Yes No

Optional Coverages

☐ Refrigeration Breakdown

Do all drivers have at least 2 years' experience transporting refrigerated commodities?

☐☐

Does the applicant use any refrigeration equipment more than 10 years old?

☐☐☐ Owners Goods Extension

Is there any rigging involved during loading or unloading?

☐☐☐ Non-Owned Trailer/Container CoverageLimit: ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000 ☐ \$30,000 ☐ \$35,000☐ \$40,000 ☐ \$45,000 ☐ \$50,000 ☐ \$55,000 ☐ \$60,000 ☐ \$65,000☐ \$70,000 ☐ \$75,000

Number of Trailers _____

Percentage of Loads _____

☐ Reusable Packing ContainersLimit: ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000☐ Tarps, Chains, and Moving EquipmentLimit: ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000☐ Owner Operator or Subhauler under contract or lease to a motor carrier

Additional Coverages

☐ Debris Removal, Towing, Traffic Control & SecurityLimit: ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000☐ ReloadingLimit: ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$20,000☐ Pollutant Clean UpLimit: ☐ \$10,000☐ Earned FreightLimit: ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000☐ Fire Department Service ChargesLimit: ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000☐ Loss Data PreparationLimit: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000☐ Reward CoverageLimit: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

Optional Forms

☐ Target Commodities – Restricted Theft

Enter up to 3 commodities _____

☐ Detached Trailer Exclusion☐ Restricted Theft Endorsement

Insured Info

Contact name _____ Phone number _____
 Quote description _____

Binder

Billing Type: ☐ Direct Bill ☐ Agency Bill
 Payment Plan: ☐ Prepaid (100% down) ☐ Monthly (25% down, 9 installments)
☐ Monthly (8% down, 9 installments) ☐ Quarterly (35% down, 3 installments)
☐ Semi-Annual (50% down, 1 installment)

Fraud Warnings

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: 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, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder 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.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: 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.

Applicable in FL: 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 KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: 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.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: 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.

Fraud Warnings *Continued*

Applicable in OR: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

Applicable in PA: 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.

Applicable in other states: Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Signature of Applicant _____

Signature of Insurance Broker/Agent _____

Print Name _____

Print Name _____

Title _____

Title _____

Date _____

Date _____

State Producer License Number _____

National Producer Number _____