

Motor Truck Cargo Application



Risc Inc.
2001 Bryan St., Suite 2900, Dallas, Tx. 75201
Phone# 1-800-725-7472
Fax # 1-214-954-0999

Effective Date: _____

Desired Rate: \$ _____

Named Insured: _____

Address: _____

1. How many years has the insured had motor truck cargo insurance in the above name? _____ Years

2. How many years has the insured been driving truck(s)? _____ Years

Insured Is: Corporation Sole Owner Partnership

Common Carrier Contract Carrier Private Carrier Brokerage Freight Forwarder

Filings: ICC MC# _____ Intrastate Authority: Yes No

Current Carrier: _____

Has cargo insurance been Canceled/Non Renewed in last 3 years? _____

Does applicant Interchange Equipment with Other Carriers? _____ Trip Lease? _____

Is Equipment Leased, Loaned or Rented to Others? _____ Back Haul? _____

ATTENTION: PLEASE NOTE THE FOLLOWING:

1. Quotes cannot be rendered unless this section is complete.
2. Term General Freight/Merchandise is unacceptable, if % of haul is over 15%.
3. Average and maximum values are not to reflect policy/contractual limits, but the actual average and maximum values of the loads.
4. Are commodities owned by Insured? Yes No Containerized? Yes No

	COMMODITY	% HAULED	AVERAGE VALUE	MAXIMUM VALUE
1				
2				
3				
4				
5				

DRIVER INFORMATION

Name	Date of Birth	Driver Licenses #	State	Record (36 months)

INSURANCE IS NOT IN EFFECT UNTIL A WRITTEN REQUEST TO BIND IS RECEIVED.

Agency or Broker Signature: _____ **Date:** _____

Insured's Signature: _____ **Date:** _____