



3D STAR INSURANCE SERVICES, INC.

## MOTOR TRUCK CARGO APPLICATION

### Application Instructions

- A. Please type or complete the application in ink.
- B. If additional space is needed, please use your firm's letterhead.

*Instant Indication*

### A. Applicant Information

1. Applicant Company Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 2. Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 4. Effective Date: \_\_\_\_\_  
 5. Expiration Date: \_\_\_\_\_

### B. Operations

#### 1. Reporting Options

##### Motor Truck Cargo:

- Revenue Estimated \$ \_\_\_\_\_  Mileage Estimated \_\_\_\_\_

##### Vehicle Physical Damage:

- Monthly Report of Additions/Deletions  Monthly Report of Additions/Deletions

#### 2. Filing Information: *(Docket numbers & filings required)*

- File BMC 34 MC Docket # \_\_\_\_\_ or DOT Docket # \_\_\_\_\_  File Form H in *(check box and advise state(s) in remarks and state docket # if required)*

#### 3. Revenue and Values. *(You must show a number for O/O. If none, enter 0)*

Year	Revenue	# Power Units	Power Unit Values	% O/O	# Trailers	Trailer Values
Projected						
Expiring						
1st Prior						
2nd Prior						
3rd Prior						
4th Prior						

#### 4. Area (states & major cities) & Radius of Operations

4.1 Show States and Major Cities Here: \_\_\_\_\_

4.2 0 - 50 miles % 51 - 200 miles % 201 - 500 miles % Over 500 miles %

5. Years in Business: \_\_\_\_\_

Corporation  LLC  Partnership  Individual

Other (explain) \_\_\_\_\_

6. Description of Operations: \_\_\_\_\_

**7. Commodities Hauled**

- Alcoholic Beverages % Copper & Copper Products %
- Audio & Video Equipment % Electronic Data Processing Equipment %
- Cigars or Cigarettes: % Firearms & Ammunition %
- Drugs & Pharmaceutical products % Leather & Leather Goods %
- Cosmetics % Shoes %
- Auto parts and accessories % Wearing apparel %
- % %
- % %
- % %
- % %
- % %

**D. Policy Limits**

1. Policy Occurrence Limit: \_\_\_\_\_

*(Any one Occurrence Motor Truck Cargo & Vehicle Physical Damage)*

2. Motor Truck Cargo: (Limits)

- \$ \_\_\_\_\_ Per "Vehicle"
- \$ \_\_\_\_\_ Per Occurrence
- \$ \_\_\_\_\_ Per Scheduled Terminal
- \$ \_\_\_\_\_ Per Unscheduled Terminal

Automatic	Ac
Pollutant Clean Up and Removal	\$ \$
Debris Removal Expenses	\$ \$
Freight Charges	\$ \$
Contract Penalty	\$ \$
Expediting Expenses	\$ \$
Moving Equipment	\$ \$
Newly Acquired Terminals	\$ \$
Off-Board Electronics	\$ \$
On-Board Electronics	\$ \$
On-Board Expendable Supplies	\$ \$
Reward Expenses	\$ \$

2

**3. Vehicle Physical Damage: (Limits)**

\$ \_\_\_\_\_ Per "Vehicle"

\$ \_\_\_\_\_ Per Occurrence

**4. Deductibles:**

**Motor Truck Cargo \$ \_\_\_\_\_ Per Occurrence except**

**Vehicle Physical Damage \$ \_\_\_\_\_ Per Occurrence except**

**E. Terminal Locations**

(Show city, state and zip for each location) Attach separate sheet or enter in remarks section for additional locations. If Physical Damage Values greater than \$ 500,000 show in Remarks Section).

Street Address	City	ST	ZIP	Max Values
Fence & locking gates Lighted Night Guard 24 hour guard Other-explain in remarks				
Street Address	City	ST	ZIP	Max Values
Fence & locking gates Lighted Night Guard 24 hour guard Other-explain in remarks				
Street Address	City	ST	ZIP	Max Values
Fence & locking gates Lighted Night Guard 24 hour guard Other-explain in remarks				

**F. Loss History**

**1. Motor Cargo:**

Y	Paid/Reser	Claim Count	D
		Total 5,001 to 10,000 25,000 2	
<b>Expiring</b>			
<b>1st Prior</b>			
<b>2nd Prior</b>			
<b>3rd Prior</b>			
<b>4th Prior</b>			

**2. Physical Damage**

Y	Paid/Reser	Claim Count	D
		Total 5,001 to 10,000 25,000 2	
<b>Expiring</b>			
<b>1st Prior</b>			
<b>2nd Prior</b>			
<b>3rd Prior</b>			
<b>4th Prior</b>			

**IMPORTANT NOTICE**

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

**NOTICE TO ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. 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 POLICYHOLDER 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 AUTHORITIES."

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** "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."

**NOTICE TO FLORIDA APPLICANTS:** "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 IN THE THIRD DEGREE."

**NOTICE TO KENTUCKY APPLICANTS:** "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."

**NOTICE TO LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO MAINE APPLICANTS:** "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 OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO MINNESOTA APPLICANTS:** "A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NOTICE TO NEW YORK APPLICANTS:** "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, 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."

**NOTICE TO OHIO APPLICANTS:** "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."

**NOTICE TO OKLAHOMA APPLICANTS:** "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" (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** "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."

**NOTICE TO TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**NOTICE TO VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

The Applicant hereby acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

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Signature of Owner, Partner, Member, Principal, or Officer Authorized to Sign as Applicant  
Applicant's Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Producer Name: \_\_\_\_\_

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