

Granite Insurance Services, Inc

Phone: 720-872-6406 or 800-522-3482

Fax: 720-872-6405 or 800-460-0190

MOTOR TRUCK CARGO APPLICATION

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Desired Effective Date of Coverage _____

Provide a description of your operations: _____

How many years have you been in business? _____

Do you transport your own goods? yes no

What were your gross receipts the prior 12 months? \$ _____

What are your projected gross receipts the next 12 months? \$ _____

List the commodities you haul: _____

List the major cities you enter: _____

Describe the area of your operations: _____

What is the radius (miles) of your operations? _____

Do you haul hazardous materials? yes no. If yes, please describe. _____

Do you pull double trailers? yes no

Do you pull triple trailers? yes no

Is equipment lent, leased or rented to or from others? yes no. If yes, please describe. _____

Do you obtain MVR verification on all drivers before hiring? yes no

Do you files conform to DOT requirements? yes no

Are all vehicles equipped with theft alarms? yes no

Are any vehicles left loaded overnight? yes no

Are any vehicles left unlocked when unattended? yes no

Section I—Filing Requirements

FILING REQUIRED	DOCKET OR PERMIT NO.	APPLICANTS NAME AND ADDRESS EXACTLY AS IT APPEARS ON EACH PERMIT

Section II—Amount of Insurance

Maximum limit per vehicle \$ _____

Limit any one catastrophe \$ _____

Deductible per vehicle \$ _____

Average load per vehicle \$ _____

Section III—Driver Information

Drivers Name as it appears on the license	Date of birth	Driver License No. and State where issued	Years Licensed	Years Driving Similar Vehicle	Date of Hire	Accidents Violations in the past 3 Years

Section IV—Loss History

DATE OF LOSS	TYPE	DESCRIPTION—INCLUDE DRIVER	AMOUNT PAID

Section V—Prior Insurance/Loss History

YEAR	INSURER NAME	POLICY NUMBER	EFFECTIVE DATE—EXPIRATION DATE
Year 1			
Year 2			
Year 3			

Have you ever had insurance for this type of operation cancelled, declined, or had renewal refused?
 ___ yes ___ no. If yes, please describe. _____

Section VI—Vehicle Information

Auto No.	Model Year	Trade Name	Body Type (tractor, truck, trailer)	Vehicle ID No.	GVW/GCW of Vehicle	Radius of Operations in miles	Principal Garage Local
1							
2							
3							
4							
5							
6							

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 agencies.

I hereby certify that the information above is true and agree that it is a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections that are included on the application and signed by me, shall become a part of the policy.

Date Application Completed

Signature of Agent of Applicant

Signature of Applicant

Address of Agent