

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 143 (2013/09)	Transportation Section	<p>The title of the form. ACORD 143, Transportation Section, addresses the basic underwriting and rating needs for monoline or package policies with the Inland Marine coverages of Transportation and Motor Truck Cargo Legal Liability.</p> <p>This form is to be used in conjunction with ACORD 125, Commercial Insurance Application - Applicant Information Section and ACORD 129, Vehicle Schedule. Refer to these forms for specific information on completing them. Much of the information for this section should match the data found within the Applicant Information Section of ACORD 125. Nevertheless, it is still important to complete it. Since many companies separate the applications by line of business for rating purposes, not completing this part of the application may make it difficult to keep track of the full account.</p>
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed.
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Applicant / First Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
INTEREST	Common Carrier	Check the box (if applicable): Indicates the insured is a Common Carrier and has the general right to operate as a carrier for any shipper over certain routes and for types of non-exempt commodities.
INTEREST	Contract Carrier	Check the box (if applicable): Indicates the insured is a Contract Carrier and has the right to haul interstate for certain customers. The trucker is limited to no more than 10 contracts.

Section Name	Field Name	Field and/or Section Description
INTEREST	Shipper of Owned Property	Check the box (if applicable): Indicate if an insurable interest in the property has been shipped on owned vehicles or other vehicles while in transit by virtue of ownership.
INTEREST	Other Interest	Check the box (if applicable): Indicate if the insured's interest in the property being shipped is other than those listed.
INTEREST	Describe Other Interest	Enter text: The description of the insured's interest in the property being shipped.
TYPE	Transportation	Check the box (if applicable): Indicates the line of business is Transportation. Applies when insurance is desired on property owned by the applicant, whether the property is shipped in the applicant's vehicles or in public conveyances. Provides no Legal Liability coverage.
TYPE	Motor Truck Cargo Legal Liability	Check the box (if applicable): Indicates the line of business is Motor Truck Cargo Legal Liability. Applies when insurance is desired on property in the care, custody or control of the applicant, and for which the applicant is responsible as a carrier for hire.
TYPE	Open	Check the box (if applicable): Indicates if the policy is being written on an open basis, continuous monthly reporting policy. The values change monthly, as reported.
TYPE	Annual	Check the box (if applicable): Indicates if the policy is being written on an annual basis. The policy written with a specified term limit.
TYPE	Other	Enter text: The pertinent information regarding coverages or explain the applicant's other interest.
OPERATIONS	Property Shipped	Enter text: The description of the property to be insured while in transit, and indicate if the property is also produced by the applicant. This section should be used to request Transportation Insurance, or coverage on goods owned by the applicant, whether the goods are shipped in the applicant's own vehicles or on public conveyances. This insurance covers property only and does not provide coverage for Legal Liability. ACORD 101, Additional Remarks Schedule may be attached if more space is required.
OPERATIONS	Points of Origin	Enter text: The description of the origination point of the property to be shipped.
OPERATIONS	Points of Destination	Enter text: The description of the destination to which the property is to be shipped.
OPERATIONS	Territory	Enter text: The description of the area of operations for transported merchandise. This may be specific (e.g., a certain city, state or route); or general (e.g., eastern states from Vermont to Maryland, West Coast states, Midwest, etc.). Major cities covered in the territory should also be provided, as well as the number of drivers within the territory.
OPERATIONS	Annual Gross Sales	Enter amount: The estimated annual amount of sales.

Section Name	Field Name	Field and/or Section Description
OPERATIONS	Contract Carrier - Incoming	Enter amount: The dollar value of all yearly incoming shipments. Specify per classification, the total annual dollar amount of incoming, outgoing or interplant cargos shipped or received by the applicant. Complete sections that apply next to the mode of transportation used to transport the property to be insured. As used here, the conveyance used is a contract carrier.
OPERATIONS	Contract Carrier - Outgoing	Enter amount: The dollar value of all yearly outgoing shipments. As used here, the conveyance used is a contract carrier.
OPERATIONS	Contract Carrier - Interplant	Enter amount: The dollar value of all yearly shipments sent between the applicant's plants. As used here, the conveyance used is a contract carrier.
OPERATIONS	Contract Carrier - Average Value per Shipment	Enter amount: The average value of shipments on any type of conveyance used by the applicant. As used here, the conveyance used is a contract carrier.
OPERATIONS	Contract Carrier - Limit of Liability	Enter limit: The liability limit. Limits should be 100 percent of the maximum value carried. As used here, the conveyance used is a contract carrier.
OPERATIONS	Contract Carrier - Bill of Lading - Full Value Yes	Check the box (if applicable): Indicates the full value on the bill of lading is to be insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is a contract carrier.
OPERATIONS	Contract Carrier - Bill of Lading - Full Value No	Check the box (if applicable): Indicates the full value on the bill of lading is not insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is a contract carrier.
OPERATIONS	Contract Carrier - Released Value	Enter amount: The released value of the bill of lading. As used here, the conveyance used is a contract carrier.
OPERATIONS	Common Carrier - Incoming	Enter amount: The dollar value of all yearly incoming shipments. Specify per classification, the total annual dollar amount of incoming, outgoing or interplant cargos shipped or received by the applicant. Complete sections that apply next to the mode of transportation used to transport the property to be insured. As used here, the conveyance used is a common carrier.
OPERATIONS	Common Carrier - Outgoing	Enter amount: The dollar value of all yearly outgoing shipments. As used here, the conveyance used is a common carrier.
OPERATIONS	Common Carrier - Interplant	Enter amount: The dollar value of all yearly shipments sent between the applicant's plants. As used here, the conveyance used is a common carrier.
OPERATIONS	Common Carrier - Average Value per Shipment	Enter amount: The average value of shipments on any type of conveyance used by the applicant. As used here, the conveyance used is a common carrier.
OPERATIONS	Common Carrier - Limit of Liability	Enter limit: The liability limit. Limits should be 100 percent of the maximum value carried. As used here, the conveyance used is a common carrier.

Section Name	Field Name	Field and/or Section Description
OPERATIONS	Common Carrier - Bill of Lading - Full Value Yes	Check the box (if applicable): Indicates the full value on the bill of lading is to be insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is a common carrier.
OPERATIONS	Common Carrier - Bill of Lading - Full Value No	Check the box (if applicable): Indicates the full value on the bill of lading is not insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is a common carrier.
OPERATIONS	Common Carrier - Released Value	Enter amount: The released value of the bill of lading. As used here, the conveyance used is a common carrier.
OPERATIONS	Rail - Incoming	Enter amount: The dollar value of all yearly incoming shipments. Specify per classification, the total annual dollar amount of incoming, outgoing or interplant cargos shipped or received by the applicant. Complete sections that apply next to the mode of transportation used to transport the property to be insured. As used here, the conveyance used is rail.
OPERATIONS	Rail - Outgoing	Enter amount: The dollar value of all yearly outgoing shipments. As used here, the conveyance used is rail.
OPERATIONS	Rail - Interplant	Enter amount: The dollar value of all yearly shipments sent between the applicant's plants. As used here, the conveyance used is rail.
OPERATIONS	Rail - Average Value per Shipment	Enter amount: The average value of shipments on any type of conveyance used by the applicant. As used here, the conveyance used is rail.
OPERATIONS	Rail - Limit of Liability	Enter limit: The liability limit. Limits should be 100 percent of the maximum value carried. As used here, the conveyance used is rail.
OPERATIONS	Rail - Bill of Lading - Full Value Yes	Check the box (if applicable): Indicates the full value on the bill of lading is to be insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is rail.
OPERATIONS	Rail - Bill of Lading - Full Value No	Check the box (if applicable): Indicates the full value on the bill of lading is not insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is rail.
OPERATIONS	Rail - Released Value	Enter amount: The released value of the bill of lading. As used here, the conveyance used is rail.

Section Name	Field Name	Field and/or Section Description
OPERATIONS	Air Carrier - Incoming	Enter amount: The dollar value of all yearly incoming shipments. Specify per classification, the total annual dollar amount of incoming, outgoing or interplant cargos shipped or received by the applicant. Complete sections that apply next to the mode of transportation used to transport the property to be insured. As used here, the conveyance used is an air carrier.
OPERATIONS	Air Carrier - Outgoing	Enter amount: The dollar value of all yearly outgoing shipments. As used here, the conveyance used is an air carrier.
OPERATIONS	Air Carrier - Interplant	Enter amount: The dollar value of all yearly shipments sent between the applicant's plants. As used here, the conveyance used is an air carrier.
OPERATIONS	Air Carrier - Average Value per Shipment	Enter amount: The average value of shipments on any type of conveyance used by the applicant. As used here, the conveyance used is an air carrier.
OPERATIONS	Air Carrier - Limit of Liability	Enter limit: The liability limit. Limits should be 100 percent of the maximum value carried. As used here, the conveyance used is an air carrier.
OPERATIONS	Air Carrier - Bill of Lading - Full Value Yes	Check the box (if applicable): Indicates the full value on the bill of lading is to be insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is an air carrier.
OPERATIONS	Air Carrier - Bill of Lading - Full Value No	Check the box (if applicable): Indicates the full value on the bill of lading is not insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is an air carrier.
OPERATIONS	Air Carrier - Released Value	Enter amount: The released value of the bill of lading. As used here, the conveyance used is an air carrier.
OPERATIONS	Other Conveyances Used	Enter text: The description of the type of conveyance used.
OPERATIONS	Other Conveyances Used - Incoming	Enter amount: The dollar value of all yearly incoming shipments. Specify per classification, the total annual dollar amount of incoming, outgoing or interplant cargos shipped or received by the applicant. Complete sections that apply next to the mode of transportation used to transport the property to be insured. As used here, the conveyance used is other than those listed.
OPERATIONS	Other Conveyances Used - Outgoing	Enter amount: The dollar value of all yearly outgoing shipments. As used here, the conveyance used is other than those listed.
OPERATIONS	Other Conveyances Used - Interplant	Enter amount: The dollar value of all yearly shipments sent between the applicant's plants. As used here, the conveyance used is other than those listed.
OPERATIONS	Other Conveyances Used - Average Value per Shipment	Enter amount: The average value of shipments on any type of conveyance used by the applicant. As used here, the conveyance used is other than those listed.

Section Name	Field Name	Field and/or Section Description
OPERATIONS	Other Conveyances Used - Limit of Liability	Enter limit: The liability limit. Limits should be 100 percent of the maximum value carried. As used here, the conveyance used is other than those listed.
OPERATIONS	Other Conveyances Used - Bill of Lading - Full Value Yes	Check the box (if applicable): Indicates the full value on the bill of lading is to be insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is other than those listed.
OPERATIONS	Other Conveyances Used - Bill of Lading - Full Value No	Check the box (if applicable): Indicates the full value on the bill of lading is not insured. The bill of lading is a written document explaining the terms of shipment. Specify the released Bill of Lading for the property shipped per conveyance type (e.g., 60 cents per pound). As used here, the conveyance used is other than those listed.
OPERATIONS	Other Conveyances Used - Released Value	Enter amount: The released value of the bill of lading. As used here, the conveyance used is other than those listed.
OPERATIONS	Owned Vehicles - Incoming	Enter amount: The dollar value of all yearly incoming shipments. Specify per classification, the total annual dollar amount of incoming, outgoing or interplant cargos shipped or received by the applicant. Complete sections that apply next to the mode of transportation used to transport the property to be insured. As used here, the conveyance used is owned vehicles.
OPERATIONS	Owned Vehicles - Outgoing	Enter amount: The dollar value of all yearly outgoing shipments. As used here, the conveyance used is owned vehicles.
OPERATIONS	Owned Vehicles - Interplant	Enter amount: The dollar value of all yearly shipments sent between the applicant's plants. As used here, the conveyance used is owned vehicles.
OPERATIONS	Owned Vehicles - Average Value per Shipment	Enter amount: The average value of shipments on any type of conveyance used by the applicant. As used here, the conveyance used is owned vehicles.
OPERATIONS	Owned Vehicles - Limit of Liability	Enter limit: The liability limit. Limits should be 100 percent of the maximum value carried. As used here, the conveyance used is owned vehicles.
OPERATIONS	Total - Incoming	Enter amount: The dollar value of all yearly incoming shipments. Specify per classification, the total annual dollar amount of incoming, outgoing or interplant cargos shipped or received by the applicant. Complete sections that apply next to the mode of transportation used to transport the property to be insured. As used here, this is the total amount.
OPERATIONS	Total - Outgoing	Enter amount: The dollar value of all yearly outgoing shipments. As used here, this is the total amount.
OPERATIONS	Total - Interplant	Enter amount: The dollar value of all yearly shipments sent between the applicant's plants. As used here, this is the total amount.

Section Name	Field Name	Field and/or Section Description
OPERATIONS	Total - Average Value per Shipment	Enter amount: The average value of shipments on any type of conveyance used by the applicant. As used here, this is the total amount.
OPERATIONS	Total - Limit of Liability	Enter limit: The liability limit. Limits should be 100 percent of the maximum value carried. As used here, this is the total amount.
OPERATIONS	Perils - Special Form	Check the box (if applicable): Indicates the coverage is to be written on a special form basis.
OPERATIONS	Perils - Named Perils	Check the box (if applicable): Indicates the coverage is to be written on a named perils basis.
OPERATIONS	Perils - Including Theft	Check the box (if applicable): Indicates the coverage is to be written on a named perils including theft basis.
OPERATIONS	Deductible	Enter deductible: The deductible amount for the coverage.
OPERATIONS	# Trucks Operated	Enter number: The exact number of trucks used or operated by the applicant.
OPERATIONS	# Tractors Operated	Enter number: The exact number of tractors used or operated by the applicant.
OPERATIONS	# Trailers Operated	Enter number: The exact number of trailers used or operated by the applicant.
OPERATIONS	# Tank Trucks Operated	Enter number: The exact number of tank trucks used or operated by the applicant.
OPERATIONS	# Refrigerated Units Operated	Enter number: The exact number of refrigerated trucks used or operated by the applicant.
OPERATIONS	Special Units Owned/Operated	Enter text: The description of all other vehicles owned or operated by the applicant for which this insurance applies (e.g., extra-wide or extra-long or large tank trucks, mobile cranes, tandem trailers and house movers). ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
VEHICLE SCHEDULE	Veh # One	Enter number: The producer assigned vehicle number. As used here, this is the number assigned by the agent to this vehicle to track during the application process. Use this section to identify vehicles which transport property of the applicant. This section can be supplemented by ACORD 129, Vehicle Schedule, which highlights important features related to this coverage line. Not all information found in the Vehicle Schedule is necessary to complete this application.
VEHICLE SCHEDULE	Year One	Enter year: The model year of the vehicle.
VEHICLE SCHEDULE	Vehicle Make One	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE SCHEDULE	Vehicle Model One	Enter text: The manufacturer's model name for the vehicle.
VEHICLE SCHEDULE	Body Type One	Enter code: The body type of the vehicle.
VEHICLE SCHEDULE	V.I.N. One	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE SCHEDULE	Date Purchased One	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE SCHEDULE	New One	Check the box (if applicable): Indicates the vehicle was purchased new.
VEHICLE SCHEDULE	Used One	Check the box (if applicable): Indicates the vehicle was purchased used.

Section Name	Field Name	Field and/or Section Description
VEHICLE SCHEDULE	Radius of Operations One	Enter number: The radius in whole numbers within which this vehicle is operated.
VEHICLE SCHEDULE	Veh # Two	Enter number: The producer assigned vehicle number.
VEHICLE SCHEDULE	Year Two	Enter year: The model year of the vehicle.
VEHICLE SCHEDULE	Vehicle Make Two	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE SCHEDULE	Vehicle Model Two	Enter text: The manufacturer's model name for the vehicle.
VEHICLE SCHEDULE	Body Type Two	Enter code: The body type of the vehicle.
VEHICLE SCHEDULE	V.I.N. Two	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE SCHEDULE	Date Purchased Two	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE SCHEDULE	New Two	Check the box (if applicable): Indicates the vehicle was purchased new.
VEHICLE SCHEDULE	Used Two	Check the box (if applicable): Indicates the vehicle was purchased used.
VEHICLE SCHEDULE	Radius of Operations Two	Enter number: The radius in whole numbers within which this vehicle is operated.
VEHICLE SCHEDULE	Veh # Three	Enter number: The producer assigned vehicle number.
VEHICLE SCHEDULE	Year Three	Enter year: The model year of the vehicle.
VEHICLE SCHEDULE	Vehicle Make Three	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE SCHEDULE	Vehicle Model Three	Enter text: The manufacturer's model name for the vehicle.
VEHICLE SCHEDULE	Body Type Three	Enter code: The body type of the vehicle.
VEHICLE SCHEDULE	V.I.N. Three	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE SCHEDULE	Date Purchased Three	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE SCHEDULE	New Three	Check the box (if applicable): Indicates the vehicle was purchased new.
VEHICLE SCHEDULE	Used Three	Check the box (if applicable): Indicates the vehicle was purchased used.
VEHICLE SCHEDULE	Radius of Operations Three	Enter number: The radius in whole numbers within which this vehicle is operated.
F.O.B.	Is Contingent Coverage Desired on F.O.B. Shipments Made by the Applicant? Yes	Check the box (if applicable): Indicates there is contingent coverage desired on F.O.B. shipments made by the applicant. If materials are shipped F.O.B. (Free on Board) point of destination, the seller is liable for damages caused during transportation. If materials are shipped F.O.B. point of departure, the buyer is liable for damages. Indicate if contingent coverage is desired on F.O.B. shipments. Contingent coverage is either "in excess of" or "in lieu of" coverage provided by the shipper and affords protection when the shipper's insurance is incorrect or inadequate, or when differences in conditions (DIC) exist.
F.O.B.	Is Contingent Coverage Desired on F.O.B. Shipments Made by the Applicant? No	Check the box (if applicable): Indicates contingent coverage is not desired on F.O.B. shipments made by the applicant.

Section Name	Field Name	Field and/or Section Description
F.O.B.	If "Yes", Enter Percentage of Annual Gross Sales Represented by F.O.B. Shipments	Enter percentage: The percentage of annual gross sales represented by F.O.B. shipments.
GENERAL INFORMATION	1. Is there a vehicle maintenance program in operation? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there a vehicle maintenance program in operation?".
GENERAL INFORMATION	1. Is there a vehicle maintenance program in operation? No	Check the box (if applicable): Indicates a "No" response to the question, "Is there a vehicle maintenance program in operation?".
GENERAL INFORMATION	2. Does applicant obtain MVR verification for drivers? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant obtain MVR verification for drivers?".
GENERAL INFORMATION	2. Does applicant obtain MVR verification for drivers? No	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant obtain MVR verification for drivers?".
GENERAL INFORMATION	3. Does applicant have a driver recruiting method? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant have a driver recruiting method?".
GENERAL INFORMATION	3. Does applicant have a driver recruiting method? No	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant have a driver recruiting method?".
GENERAL INFORMATION	4. Do drivers receive a regular physical? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do drivers receive regular physicals?".
GENERAL INFORMATION	4. Do drivers receive a regular physical? No	Check the box (if applicable): Indicates a "No" response to the question, "Do drivers receive regular physicals?".
GENERAL INFORMATION	5. Any waterborne shipments to be covered? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Any waterborne shipments to be covered?".
GENERAL INFORMATION	5. Any waterborne shipments to be covered? No	Check the box (if applicable): Indicates a "No" response to the question, "Any waterborne shipments to be covered?".
GENERAL INFORMATION	6. Are vehicles equipped with theft alarms? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are vehicles equipped with theft alarms?".
GENERAL INFORMATION	6. Are vehicles equipped with theft alarms? No	Check the box (if applicable): Indicates a "No" response to the question, "Are vehicles equipped with theft alarms?".
GENERAL INFORMATION	7. Are vehicles left unlocked when unattended? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are vehicles left unlocked when unattended?".
GENERAL INFORMATION	7. Are vehicles left unlocked when unattended? No	Check the box (if applicable): Indicates a "No" response to the question, "Are vehicles left unlocked when unattended?".
GENERAL INFORMATION	8. Are vehicles left loaded overnight? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are vehicles left loaded overnight?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	8. Are vehicles left loaded overnight? No	Check the box (if applicable): Indicates a "No" response to the question, "Are vehicles left loaded overnight?".
GENERAL INFORMATION	9. Does applicant back haul property of others? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant back haul property of others?".
GENERAL INFORMATION	9. Does applicant back haul property of others? No	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant back haul property of others?".
GENERAL INFORMATION	REMARKS	Enter text: The general remarks associated with the commercial inland marine line of business. Use this section to provide any additional information required for underwriting or rating.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
OPERATIONS	Property Hauled	Enter text: The description of property of others hauled by the applicant. This section is used to request Motor Truck Cargo Legal Liability insurance, or coverage on property in the care, custody or control of the applicant, for which the applicant is responsible as a carrier for hire.
OPERATIONS	Gross Receipts Last 12 Months	Enter amount: The gross amount of sales for the past 12 months.
OPERATIONS	Gross Receipts Next 12 Months	Enter amount: The estimated gross amount of sales for the next 12 months.
OPERATIONS	Territory	Enter text: The description of the area of operations for transported merchandise. This may be specific (e.g., a certain city, state or route); or general (e.g., eastern states from Vermont to Maryland, West Coast states, Midwest, etc.). Major cities covered in the territory should also be provided, as well as the number of drivers within the territory.
OPERATIONS	Average Distance	Enter number: The average distance, in miles, the applicant hauls.
OPERATIONS	Maximum Distance	Enter number: The farthest distance, in miles, the applicant hauls.
OPERATIONS	List Target Commodities Carried One	Enter text: The description of all property hauled which might be exposed to additional risk, including pharmaceuticals, stereos, computers, meat, seafood, televisions, audio-visual equipment, alcoholic beverages, cigarettes, explosives, flammables, auto parts, clothing and furs.
OPERATIONS	Percent of Gross Revenues One	Enter percentage: The percent of gross revenues earned from transporting each target commodity.
OPERATIONS	Maximum Value per Vehicle One	Enter amount: The maximum value of each target commodity carried on any one vehicle.
OPERATIONS	List Target Commodities Carried Two	Enter text: The description of all property hauled which might be exposed to additional risk, including pharmaceuticals, stereos, computers, meat, seafood, televisions, audio-visual equipment, alcoholic beverages, cigarettes, explosives, flammables, auto parts, clothing and furs.

Section Name	Field Name	Field and/or Section Description
OPERATIONS	Percent of Gross Revenues Two	Enter percentage: The percent of gross revenues earned from transporting each target commodity.
OPERATIONS	Maximum Value per Vehicle Two	Enter amount: The maximum value of each target commodity carried on any one vehicle.
OPERATIONS	List Target Commodities Carried Three	Enter text: The description of all property hauled which might be exposed to additional risk, including pharmaceuticals, stereos, computers, meat, seafood, televisions, audio-visual equipment, alcoholic beverages, cigarettes, explosives, flammables, auto parts, clothing and furs.
OPERATIONS	Percent of Gross Revenues Three	Enter percentage: The percent of gross revenues earned from transporting each target commodity.
OPERATIONS	Maximum Value per Vehicle Three	Enter amount: The maximum value of each target commodity carried on any one vehicle.
OPERATIONS	List Target Commodities Carried Four	Enter text: The description of all property hauled which might be exposed to additional risk, including pharmaceuticals, stereos, computers, meat, seafood, televisions, audio-visual equipment, alcoholic beverages, cigarettes, explosives, flammables, auto parts, clothing and furs.
OPERATIONS	Percent of Gross Revenues Four	Enter percentage: The percent of gross revenues earned from transporting each target commodity.
OPERATIONS	Maximum Value per Vehicle Four	Enter amount: The maximum value of each target commodity carried on any one vehicle.
OPERATIONS	List Target Commodities Carried Five	Enter text: The description of all property hauled which might be exposed to additional risk, including pharmaceuticals, stereos, computers, meat, seafood, televisions, audio-visual equipment, alcoholic beverages, cigarettes, explosives, flammables, auto parts, clothing and furs.
OPERATIONS	Percent of Gross Revenues Five	Enter percentage: The percent of gross revenues earned from transporting each target commodity.
OPERATIONS	Maximum Value per Vehicle Five	Enter amount: The maximum value of each target commodity carried on any one vehicle.
OPERATIONS	List Target Commodities Carried Six	Enter text: The description of all property hauled which might be exposed to additional risk, including pharmaceuticals, stereos, computers, meat, seafood, televisions, audio-visual equipment, alcoholic beverages, cigarettes, explosives, flammables, auto parts, clothing and furs.
OPERATIONS	Percent of Gross Revenues Six	Enter percentage: The percent of gross revenues earned from transporting each target commodity.
OPERATIONS	Maximum Value per Vehicle Six	Enter amount: The maximum value of each target commodity carried on any one vehicle.

Section Name	Field Name	Field and/or Section Description
OPERATIONS	List Target Commodities Carried Seven	Enter text: The description of all property hauled which might be exposed to additional risk, including pharmaceuticals, stereos, computers, meat, seafood, televisions, audio-visual equipment, alcoholic beverages, cigarettes, explosives, flammables, auto parts, clothing and furs.
OPERATIONS	Percent of Gross Revenues Seven	Enter percentage: The percent of gross revenues earned from transporting each target commodity.
OPERATIONS	Maximum Value per Vehicle Seven	Enter amount: The maximum value of each target commodity carried on any one vehicle.
OPERATIONS	State Filings Required	Enter text: The list of all states requiring filings for the regulation of the trucking industry. Indicate if a P.U.C. (Public Utility Commission), P.S.C. (Public Safety Commission) or I.C.C. (Interstate Commerce Commission) filing is required. Enter all known docket numbers for these filings
OPERATIONS	Docket No. Checkbox	Check the box (if applicable): Indicates a docket number has been assigned.
OPERATIONS	Docket No. Description	Enter identifier: The cargo docket number.
OPERATIONS	I.C.C. Filing Required	Check the box (if applicable): Indicates an Interstate Commerce Commission (ICC) filing is required.
OPERATIONS	Docket No.	Enter identifier: The cargo docket number assigned by the Interstate Commerce Commission (ICC).
OPERATIONS	Limit of Liability - Per Single Conveyance	Enter limit: The limit per conveyance which is the aggregate limit being moved by a motorized unit (e.g., truck with semi-trailer or full trailers). As used here, enter the amount of insurance required for each applicable category. If different limits exist for different vehicles, show the limits of liability per vehicle in the Remarks section. ACORD 101, Additional Remarks Schedule may be attached if more space is required.
OPERATIONS	Per Disaster	Enter limit: The overall disaster limit.
OPERATIONS	Loading/Unloading	Check the box (if applicable): Indicates loading or unloading coverage is desired.
OPERATIONS	Limit	Enter limit: The limit amount for loading or unloading coverage.
OPERATIONS	Deductible	Enter deductible: The deductible amount for loading or unloading coverage.
OPERATIONS	Perils - Special Form	Check the box (if applicable): Indicates the coverage is to be written on a special form basis.
OPERATIONS	Named Perils	Check the box (if applicable): Indicates the coverage is to be written on a named perils basis.
OPERATIONS	Including Theft	Check the box (if applicable): Indicates the coverage is to be written on a named perils including theft basis.
OPERATIONS	Loading/Unloading	Check the box (if applicable): Indicates the coverage is to be written on a named perils loading / unloading basis.

Section Name	Field Name	Field and/or Section Description
OPERATIONS	Deductible	Enter deductible: The deductible amount for the coverage.
OPERATIONS	# Trucks Operated	Enter number: The exact number of trucks used or operated by the applicant.
OPERATIONS	# Tractors Operated	Enter number: The exact number of tractors used or operated by the applicant.
OPERATIONS	# Trailers Operated	Enter number: The exact number of trailers used or operated by the applicant.
OPERATIONS	# Tank Trucks Operated	Enter number: The exact number of tank trailers used or operated by the applicant.
OPERATIONS	# Refrigerated Units Operated	Enter number: The exact number of refrigerated trucks used or operated by the applicant.
OPERATIONS	Special Units Owned/Operated	Enter text: The description of all other vehicles owned or operated by the applicant for which this insurance applies (e.g., extra-wide or extra-long or large tank trucks, mobile cranes, tandem trailers and house movers). ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
TERMINALS	Location # One	Enter number: The producer assigned number of the location. As used here, if locations are the same as shown on the Applicant Information Section (ACORD 125), use the same number in the space provided. Terminal locations are buildings (or enclosed areas) owned or used by the applicant and operated as points of holding, distribution, warehousing, or layovers for property off vehicles.
TERMINALS	Address One	Enter text: The first address line of the physical location.
TERMINALS		Enter text: The second address line of the physical location.
TERMINALS		Enter text: The city of the physical location.
TERMINALS		Enter text: The county of the location.
TERMINALS		Enter code: The state or province of the physical location.
TERMINALS		Enter code: The postal code of the physical location.
TERMINALS	Average Value At Terminal One	Enter amount: The average value of goods held at the terminal location.
TERMINALS	Maximum Value One	Enter amount: The maximum value of goods held at the terminal location.
TERMINALS	Limit of Liability One	Enter limit: The limit required for the terminal location. The limit should be 100 percent of the maximum value carried.
TERMINALS	Location # Two	Enter number: The producer assigned number of the location.
TERMINALS	Address Two	Enter text: The first address line of the physical location.
TERMINALS		Enter text: The second address line of the physical location.
TERMINALS		Enter text: The city of the physical location.
TERMINALS		Enter text: The county of the location.
TERMINALS		Enter code: The state or province of the physical location.
TERMINALS		Enter code: The postal code of the physical location.
TERMINALS	Average Value At Terminal Two	Enter amount: The average value of goods held at the terminal location.
TERMINALS	Maximum Value Two	Enter amount: The maximum value of goods held at the terminal location.

Section Name	Field Name	Field and/or Section Description
TERMINALS	Limit of Liability Two	Enter limit: The limit required for the terminal location. The limit should be 100 percent of the maximum value carried.
TERMINALS	Location # Three	Enter number: The producer assigned number of the location.
TERMINALS	Address Three	Enter text: The first address line of the physical location.
TERMINALS		Enter text: The second address line of the physical location.
TERMINALS		Enter text: The city of the physical location.
TERMINALS		Enter text: The county of the location.
TERMINALS		Enter code: The state or province of the physical location.
TERMINALS		Enter code: The postal code of the physical location.
TERMINALS	Average Value At Terminal Three	Enter amount: The average value of goods held at the terminal location.
TERMINALS	Maximum Value Three	Enter amount: The maximum value of goods held at the terminal location.
TERMINALS	Limit of Liability Three	Enter limit: The limit required for the terminal location. The limit should be 100 percent of the maximum value carried.
		Enter number: The producer assigned vehicle number. As used here, use this section to identify vehicles used by the applicant to transport property of others. This section can be supplemented by the ACORD Vehicle Schedule (ACORD 129), and highlights important features found in the ACORD Vehicle Schedule related to this line of coverage. Not all information found in the ACORD Vehicle Schedule is necessary to complete this application.
VEHICLE SCHEDULE	Veh # One	
VEHICLE SCHEDULE	Year One	Enter year: The model year of the vehicle.
VEHICLE SCHEDULE	Vehicle Make One	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE SCHEDULE	Vehicle Model One	Enter text: The manufacturer's model name for the vehicle.
VEHICLE SCHEDULE	Body Type One	Enter code: The body type of the vehicle.
VEHICLE SCHEDULE	V.I.N. One	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE SCHEDULE	Date Purchased One	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE SCHEDULE	New One	Check the box (if applicable): Indicates the vehicle was purchased new.
VEHICLE SCHEDULE	Used One	Check the box (if applicable): Indicates the vehicle was purchased used.
VEHICLE SCHEDULE	Radius of Operations One	Enter number: The radius in whole numbers within which this vehicle is operated.
VEHICLE SCHEDULE	Veh # Two	Enter number: The producer assigned vehicle number.
VEHICLE SCHEDULE	Year Two	Enter year: The model year of the vehicle.
VEHICLE SCHEDULE	Vehicle Make Two	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE SCHEDULE	Vehicle Model Two	Enter text: The manufacturer's model name for the vehicle.
VEHICLE SCHEDULE	Body Type Two	Enter code: The body type of the vehicle.

Section Name	Field Name	Field and/or Section Description
VEHICLE SCHEDULE	V.I.N. Two	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE SCHEDULE	Date Purchased Two	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE SCHEDULE	New Two	Check the box (if applicable): Indicates the vehicle was purchased new.
VEHICLE SCHEDULE	Used Two	Check the box (if applicable): Indicates the vehicle was purchased used.
VEHICLE SCHEDULE	Radius of Operations Two	Enter number: The radius in whole numbers within which this vehicle is operated.
VEHICLE SCHEDULE	Veh # Three	Enter number: The producer assigned vehicle number.
VEHICLE SCHEDULE	Year Three	Enter year: The model year of the vehicle.
VEHICLE SCHEDULE	Vehicle Make Three	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
VEHICLE SCHEDULE	Vehicle Model Three	Enter text: The manufacturer's model name for the vehicle.
VEHICLE SCHEDULE	Body Type Three	Enter code: The body type of the vehicle.
VEHICLE SCHEDULE	V.I.N. Three	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
VEHICLE SCHEDULE	Date Purchased Three	Enter text: The month and year the applicant acquired the vehicle (MM/YYYY).
VEHICLE SCHEDULE	New Three	Check the box (if applicable): Indicates the vehicle was purchased new.
VEHICLE SCHEDULE	Used Three	Check the box (if applicable): Indicates the vehicle was purchased used.
VEHICLE SCHEDULE	Radius of Operations Three	Enter number: The radius in whole numbers within which this vehicle is operated.
GENERAL INFORMATION	1. Is there a vehicle maintenance program in operation? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there a vehicle maintenance program in operation?".
GENERAL INFORMATION	1. Is there a vehicle maintenance program in operation? No	Check the box (if applicable): Indicates a "No" response to the question, "Is there a vehicle maintenance program in operation?".
GENERAL INFORMATION	2. Does applicant obtain MVR verification for drivers? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant obtain MVR verification for drivers?".
GENERAL INFORMATION	2. Does applicant obtain MVR verification for drivers? No	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant obtain MVR verification for drivers?".
GENERAL INFORMATION	3. Does applicant have a driver recruiting method? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant have a driver recruiting method?".
GENERAL INFORMATION	3. Does applicant have a driver recruiting method? No	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant have a driver recruiting method?".
GENERAL INFORMATION	4. Do drivers receive a regular physical? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do drivers receive regular physicals?".
GENERAL INFORMATION	4. Do drivers receive a regular physical? No	Check the box (if applicable): Indicates a "No" response to the question, "Do drivers receive regular physicals?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	5. Are vehicles equipped with theft alarms? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are vehicles equipped with theft alarms?".
GENERAL INFORMATION	5. Are vehicles equipped with theft alarms? No	Check the box (if applicable): Indicates a "No" response to the question, "Are vehicles equipped with theft alarms?".
GENERAL INFORMATION	6. Are vehicles left unlocked when unattended? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are vehicles left unlocked when unattended?".
GENERAL INFORMATION	6. Are vehicles left unlocked when unattended? No	Check the box (if applicable): Indicates a "No" response to the question, "Are vehicles left unlocked when unattended?".
GENERAL INFORMATION	7. Are overages, shortages and damage claims pending? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are overages, shortages, & damage claims pending?".
GENERAL INFORMATION	7. Are overages, shortages and damage claims pending? No	Check the box (if applicable): Indicates a "No" response to the question, "Are overages, shortages, & damage claims pending?".
GENERAL INFORMATION	8. Are any vehicles operated for the applicant by others? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are any vehicles operated for the applicant by others?".
GENERAL INFORMATION	8. Are any vehicles operated for the applicant by others? No	Check the box (if applicable): Indicates a "No" response to the question, "Are any vehicles operated for the applicant by others?".
GENERAL INFORMATION	9. Do terminals have fire protection (sprinklers, hoses, etc.)? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do terminals have fire protection (sprinklers, hoses, etc.)?".
GENERAL INFORMATION	9. Do terminals have fire protection (sprinklers, hoses, etc.)? No	Check the box (if applicable): Indicates a "No" response to the question, "Do terminals have fire protection (sprinklers, hoses, etc.)?".
GENERAL INFORMATION	10. Do terminals have security systems (guards, alarms, fences, lights, dogs, etc.)? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do terminals have security systems (guards, alarms, fences, lights, dogs, etc.)?".
GENERAL INFORMATION	10. Do terminals have security systems (guards, alarms, fences, lights, dogs, etc.)? No	Check the box (if applicable): Indicates a "No" response to the question, "Do terminals have security systems (guards, alarms, fences, lights, dogs, etc.)?".
GENERAL INFORMATION	11. Are vehicles left loaded overnight? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are vehicles left loaded overnight?".
GENERAL INFORMATION	11. Are vehicles left loaded overnight? No	Check the box (if applicable): Indicates a "No" response to the question, "Are vehicles left loaded overnight?".
GENERAL INFORMATION	12. Is applicant an owner operator? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is the applicant an owner operator?".

Section Name	Field Name	Field and/or Section Description
GENERAL INFORMATION	12. Is applicant an owner operator? No	Check the box (if applicable): Indicates a "No" response to the question, "Is the applicant an owner operator?".
GENERAL INFORMATION	13. Does the applicant hire owner operators? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does the applicant hire owner operators?".
GENERAL INFORMATION	13. Does the applicant hire owner operators? No	Check the box (if applicable): Indicates a "No" response to the question, "Does the applicant hire owner operators?".
GENERAL INFORMATION	14. Does the applicant triplease to others? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does the applicant triplease to others?".
GENERAL INFORMATION	14. Does the applicant triplease to others? No	Check the box (if applicable): Indicates a "No" response to the question, "Does the applicant triplease to others?".
GENERAL INFORMATION	15. Does the applicant back haul property of others? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does applicant back haul property of others?".
GENERAL INFORMATION	15. Does the applicant back haul property of others? No	Check the box (if applicable): Indicates a "No" response to the question, "Does applicant back haul property of others?".
GENERAL INFORMATION	REMARKS	Enter text: The general remarks associated with the commercial inland marine line of business. Use this section to provide any additional information required for underwriting or rating.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g. producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No (Required in FL)	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).