

# Cargo Renewal Questionnaire

New England Excess Exchange, Ltd.  
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Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

Named Insured: \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Renewal Date \_\_\_\_\_

- Complete the following: Have there been any changes - if yes, explain.
 

|                                                                |                                                          |                          |                       |
|----------------------------------------------------------------|----------------------------------------------------------|--------------------------|-----------------------|
|                                                                | Yes                                                      | No                       |                       |
| (a) Named Insured                                              | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____                 |
| (b) Address of Insured                                         | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____                 |
| (c) Largest city entered                                       | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____                 |
| (d) Maximum radius operated                                    | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____                 |
| (e) No. of Vehicles owned                                      | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____                 |
| (f) No. of Vehicles leased                                     | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____                 |
| (g) Are all owned & leased vehicles covered under this policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          | If no, explain: _____ |
- Is there any change in operations?  Yes    No   If yes, explain: \_\_\_\_\_
- Indicate any changes in units or coverages to be made at renewal: \_\_\_\_\_

**4. MUST BE COMPLETED FOR ALL DRIVERS (If not enough space attach list)**

| Driver's Name | Date of Hire | Date of Birth | Driver's Licenses |        |                       | Experience                   |              |
|---------------|--------------|---------------|-------------------|--------|-----------------------|------------------------------|--------------|
|               |              |               | ST                | Number | No. of Years Licensed | Type of Unit (Tractor/Truck) | No. of Years |
| 1.            |              |               |                   |        |                       |                              |              |
| 2.            |              |               |                   |        |                       |                              |              |
| 3.            |              |               |                   |        |                       |                              |              |
| 4.            |              |               |                   |        |                       |                              |              |
| 5.            |              |               |                   |        |                       |                              |              |

| Type of Cargo | % of Hauling | Maximum Value | Average Value |
|---------------|--------------|---------------|---------------|
|               |              |               |               |
|               |              |               |               |
|               |              |               |               |
|               |              |               |               |

Amount of Insurance on each truck should equal the maximum load carried, as policies contain a 100% co-insurance clause.

**6. INSURANCE NEEDS** – Complete for desired coverages:

Named Perils   or    Broad Form   Deductible Amount \$ \_\_\_\_\_   Limit of Insurance \$ \_\_\_\_\_

OPTIONAL COVERAGES (Additional Premium):    Additional Insured Endorsement (Lessee)    Loading and Unloading Coverage

Earned Freight Coverage    Refrigeration Breakdown Coverage    Hired Car Cargo Coverage

REDUCTION OF COVERAGE (Premium Credit):  Exclude Theft Coverage

**7. CARGO FILING INFORMATION:**

List states for which insured requires CARGO FILINGS (check name on permits) \_\_\_\_\_

Is FHWA filing required?  Yes    No   FHWA Docket Number \_\_\_\_\_

- Are DOT filings required?  Yes    No   If yes, list MC number and required filings: \_\_\_\_\_  
 Are state filings required?  Yes    No   If yes, identify all states/filings/ID numbers: \_\_\_\_\_

The Applicant's representative acknowledges that he/she has advised the Insured and the Insured agrees that if the foregoing statements and answers are materially false, the Company shall have the right to rescind any policy it may issue or any renewal thereof. All terms, conditions, and applicable endorsements of the previous policy shall apply. Representations made on the Insured's original Company application shall survive renewal unless modified by this document.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Representative

\_\_\_\_\_  
Address of Applicant's Representative  
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