



**Grove & Davis**  
— LAST MILE —



# LAST MILE DELIVERY CARGO APPLICATION

# Last Mile Delivery Cargo Application

Company Name: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Year Company Established: \_\_\_\_\_ Website: \_\_\_\_\_

Last Mile Sectors (check all that apply for this entity)				
FedEx Ground P&D	FedEx Ground Linehaul	FedEx Ground Custom Critical	DHL Delivery Contractor	Amazon Prime P&D
Amazon Prime Linehaul	XPO Logistics	JB Hunt Final Mile	LSO Final Mile	OnTrac Delivery
USPS Mail Delivery	USPS Linehaul	Bison Expediter	Courier Services	RX/Medical Equip Delivery
Appliance Delivery (with Installation)	Ceva Logistics	Auto Parts Distribution	Food & Beverage Distribution	Other:

Number of Delivery Units (vehicles) Garaged in each State									
AL	AK	AZ	AR	CA	CO	CT	DE	FL	GA
HI	ID	IL	IN	IA	KS	KY	LA	ME	MD
MA	MI	MN	MS	MO	MT	NE	NV	NH	NJ
NM	NC	ND	NY	OH	OK	OR	PA	RI	SC
SD	TN	TX	UT	VA	VT	WA	WI	WV	WY

\_\_\_\_\_

Freight Forwarded/Shipper	Required Cargo Limit	Major Cities of Operation	# Units Dedicated to this Freight Forwarder / Shipper	Percentage of Total Revenue

Total Estimated Annual Revenue (Gross Sales) for all delivery services?: \_\_\_\_\_.

What is the average radius per trip for Pickup and Delivery?      <50 miles      <100 miles      <200miles      >200miles

What is the average radius per trip for Line Haul?      <50 miles      <100 miles      <200miles      >200miles

What is the average radius per trip for Delivery w/ Install?      <50 miles      <100 miles      <200miles      >200miles

Do you run MVRs and Criminal Background checks Pre-Employment?      Yes      No

Do you run MVRs and Criminal Background checks Post-Employment?      Yes      No

If so, How Often?: \_\_\_\_\_

Do you utilize Vehicle telematics?      Yes      No

If so, what provider?: \_\_\_\_\_

Do you utilize package scanners?

Do you have a dedicated vehicle maintenance program?      Yes      No

Are vehicles kept at secure terminal location?      Yes      No  
 Fence w/ locked gate  
 Security Cameras

Guard Patrol  
Other: \_\_\_\_\_

Have you ever lost a contract for Failure of Service Standards?      Yes                      No

If yes, please explain?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have Cargo coverage?                      Yes                      No

If so, please provide the following  
Current Insurance Company: \_\_\_\_\_                      Effective Date: \_\_\_\_\_  
Current Cargo Limit: \_\_\_\_\_                      Current Deductible: \_\_\_\_\_  
Rating Basis:                      Per Unit                      Annual Revenue                      Current Premium: \_\_\_\_\_

Have you ever filed a cargo claim?                      Yes                      No

If so please provide the following:  
Description of loss (including month/year of the occurrence): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Claim Paid Amount: \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_                      Date: \_\_\_\_\_

Signature: \_\_\_\_\_



*If submit button does not work, please save a copy of your application as CompanyNameCargoApp.pdf and send to [info@grovedavisins.com](mailto:info@grovedavisins.com)*



## Insurance Fraud Warning Statement

This statement is provided to you with the insurance application that you are submitting. Please READ the applicable Fraud Warning Statement for the state in which your application is being submitted before executing and submitting the attached document to the Insurer or your agent.

**For AL, AR, DC, LA, MD, NM, RI and WV Applicants:** Any person who knowingly (*or willfully*)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (*or willfully*)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *\*Applies in MD Only.*

**For CO 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 Agencies.

**For FL and OK 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 (*of the third degree*)\*. *\*Applies in FL Only.*

**For KS Applicants:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**For KY, NY, OH and PA 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 (*not to exceed five thousand dollars and the stated value of the claim for each such violation*)\*. *\*Applies in NY Only.*

**For ME, TN, VA and WA 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 and denial of insurance benefits. *\*Applies in ME Only.*

**For NJ Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For OR Applicants:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### Notice to Applicants

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_