

# CARGO COVERAGE APPLICATION

**I. GENERAL INFORMATION**

APPLICANT'S NAME \_\_\_\_\_  
(exactly as it appears on I.C.C. & state filing)

MAILING ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Office) (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_

ADDRESS WHERE VEHICLES ARE GARAGED \_\_\_\_\_

Represented by:

(General Agent)

Insurance is desired from: \_\_\_\_\_, 19\_\_\_\_ To \_\_\_\_\_, 19\_\_\_\_

Business of applicant is: \_\_\_\_\_ Type of carrier:  Contract  Common  
 Corporation  Partnership  Individual  Leased  Private

Owner of cargo? \_\_\_\_\_

Is regular I.C.C. Bill of Lading issued?  Yes  No If no, attach copy of Bill of Lading used.

Do you lease to another motor carrier when hauling cargo described in this application?  Yes  No If yes, give name and address of lessee: \_\_\_\_\_

Is an Additional Insured Endorsement required by Lessee?  Yes  No

Is this a new operation?  Yes  No

Current management has controlled the business since? \_\_\_\_\_ (yr.)

Current management has been in this type of business since? \_\_\_\_\_ (yr.)

Have you ever filed for reorganization or bankruptcy?  Yes  No If yes, when? \_\_\_\_\_

Has any company ever cancelled or refused to issue similar insurance?  Yes  No If yes, explain: \_\_\_\_\_

Have you purchased cargo insurance in the past 3 years?  Yes  No

II. PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE (list for the past three years with most recent carrier first)						
Policy Term	Company & Policy Number	Premium	Number of Claims	Cause of Loss	Amount Paid	Reserves
From	To					

III. VEHICLE INFORMATION												
Applicant desires to schedule: <input type="checkbox"/> Tractors, <input type="checkbox"/> Trucks, <input type="checkbox"/> Trailers/Semi-trailers.												
Model Year	T R U C K	T R A C T O R	T R A I L E R	Trade Name		Body Type		Locked	Serial or I.D. Number	GVW or GCW	Mileage Radius	Limit of Insurance
				Open	Closed	Open	Closed					

Total Leased Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Trucks \_\_\_\_\_ Other \_\_\_\_\_

Total Owned Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Trucks \_\_\_\_\_ Other \_\_\_\_\_

IV. PROTECTION:
Is each unit equipped with fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are bodies of all Trucks and Trailers completely closed and equipped with snap locks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Trucks equipped with Babaco Alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Describe) _____
Number of men on Trucks _____ Are loaded Trucks ever left unattended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are drivers bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No

V. CARGO DESCRIPTION:								
Cargo	% of hauling	Max. Value	Cargo	% of hauling	Max. Value	Cargo	% of hauling	Max. Value
Alcoholic Liquor	%		Fertilizer	%		Mobile Homes (Single), Modular	%	
Autos (Transporter)	%		Frozen Goods & Iced	%		Mobile Homes (Double)*	%	
Autos (Towing Operator)	%		Furniture	%		Poultry (Live or Iced?)	%	
Beer/Wine	%		Gas, Oil	%		Produce, Fruit	%	
Building Materials (Excluding lumber)	%		Grains & Cereal	%		Seafood, Shrimp	%	
Canned/Dry (Non-Perishable)	%		Livestock	%		Steel, Steel Products	%	
Chemicals-Bagged or Bulk?	%		Luggage	%		Textiles (Raw)	%	
Clothing	%		Lumber, Paneling	%		Tires	%	
Cotton (Bales)	%		Machinery (Type ?)	%		Tobacco Products	%	
Eggs in shells	%		Meat (Pkgd ?)	%			%	
Electronics (Type ?)	%		Milk	%			%	

\*If applicant hauls double wide mobile homes, Limit of Insurance must be equal to the value of both sides combined to satisfy co-insurance.

AVERAGE VALUE PER LOAD? \$ \_\_\_\_\_ (Amount of insurance on each truck should equal maximum load carried, as policies contain 100% co-insurance clause.) Is Applicant hauling doubles? \_\_\_\_\_ If so, give maximum value per trailer \$ \_\_\_\_\_

VI. FILING INFORMATION:	
List states for which insured requires CARGO FILINGS (check name on permits) _____	
Is I.C.C. filing required? <input type="checkbox"/> Yes <input type="checkbox"/> No	I.C.C. Docket Number _____ Do you hold a broker's license? <input type="checkbox"/> Yes <input type="checkbox"/> No

VII. RADIUS OF OPERATIONS:	
What is the radius of operation? _____	
DO OPERATIONS EXTEND INTO OR THROUGH ANY OF THE FOLLOWING? IF SO, CHECK APPROPRIATE TERRITORY:	
<input type="checkbox"/> Albany	<input type="checkbox"/> Cincinnati
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Dallas
<input type="checkbox"/> Birmingham	<input type="checkbox"/> Denver
<input type="checkbox"/> Boston	<input type="checkbox"/> Detroit
<input type="checkbox"/> California	<input type="checkbox"/> D.C.
<input type="checkbox"/> (Excl. L.A. & S.F.)	<input type="checkbox"/> Houston
<input type="checkbox"/> Chattanooga	<input type="checkbox"/> Jacksonville, Fla.
<input type="checkbox"/> Chicago	<input type="checkbox"/> Jersey City
<input type="checkbox"/> Kansas City	<input type="checkbox"/> Los Angeles
<input type="checkbox"/> Louisville	<input type="checkbox"/> Memphis
<input type="checkbox"/> Metro-New York	<input type="checkbox"/> Miami
<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Minneapolis
<input type="checkbox"/> Montreal (Canada)	<input type="checkbox"/> Toronto (Canada)
<input type="checkbox"/> Nashville	<input type="checkbox"/> New Orleans
<input type="checkbox"/> New York (State - Excl. NY City)	<input type="checkbox"/> Washington (State)
<input type="checkbox"/> Oregon	<input type="checkbox"/> Youngstown
<input type="checkbox"/> Philadelphia	_____
<input type="checkbox"/> San Francisco	_____
<input type="checkbox"/> St. Louis	_____
<input type="checkbox"/> Tulsa	_____

VIII. DRIVER INFORMATION: (If not enough space, show other drivers under miscellaneous.)								
Driver's Name	Date of Birth	Driver's License No.	Social Security No.	State Where Driver's Lic. Obtained	Yrs. Exp. Driving Trucks	Length of Present Employment	*No. of Accidents in Past Three Yrs.	*No. of Moving Traffic Viol. in Past Three Yrs.

\*Explain in miscellaneous section.

IX. GROSS RECEIPTS INFORMATION	
Estimate coming year? _____	Last year? _____ Two years ago? _____ Three years ago? _____

X. INSURANCE NEEDS – Complete for desired coverages:	
<input type="checkbox"/> Named Perils or <input type="checkbox"/> Broad Form	Deductible Amount \$ _____ <input type="checkbox"/> Tow Truck Amendatory Endorsement
OPTIONAL COVERAGES (Additional Premium):	<input type="checkbox"/> Additional Insured Endorsement (Lessee) <input type="checkbox"/> Loading and Unloading Coverage
	<input type="checkbox"/> Earned Freight Coverage <input type="checkbox"/> Refrigeration Breakdown Coverage <input type="checkbox"/> Hired Car Cargo Coverage
REDUCTION OF COVERAGE (Premium Credit):	<input type="checkbox"/> Exclude Theft Coverage

