SUPPLEMENT TO TRUCK APPLICATION
CARGO COVERAGE APPLICATION

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

1. APPLICANT'S NAME _____

2. Has any company ever cancelled or refused to issue cargo insurance? ☐ Yes ☐ No

   If yes, explain _____

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

4. **PREVIOUS CARGO CARRIER AND LOSS EXPERIENCE (list for the past three years with most recent carrier first).**

Policy Term From To	Company & Policy Number	Premium	Number of Claims	Cause of Loss	Amount Paid	Reserves

5.

Type of Cargo	% of Hauling	Maximum Value	Average Value

6. Applicant desires to have cargo premiums applied to each:
   ☐ power unit, which includes any trailers, semi-trailers, or mobile homes, but only while attached to a described power unit, or;
   ☐ trailers or semi-trailers.

7. **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

   If applicant hauls double wide mobile homes, Limit of Insurance must be equal to the value of both sides combined to satisfy co-insurance.
   Amount of insurance on each truck should equal maximum load carried, as policies contain **100% co-insurance clause**.

8. **CARGO FILING INFORMATION:**
   List states for which insured requires CARGO FILINGS (check name on permits) _____
   Is I.C.C. filing required? ☐ Yes ☐ No I.C.C. Docket Number _____

9. **MISCELLANEOUS:**