



Insurance Application
Motor Truck Cargo Supplement

SECTION A - GENERAL INFORMATION

1. Applicant Name: _____ Policy Number: _____

2. Please provide commodity information in the table below. *(If additional space required, attach schedule.)*

Commodity	Average Load Value	Maximum Load Value	%	Commodity	Average Load Value	Maximum Load Value	%

3. Do you haul under released bill of lading? Yes No *If Yes, explain in **Remarks Section** and attach copies.*

4. Do you back haul the property of others? Yes No *If Yes, explain in **Remarks Section**. Include for whom and type cargos.*

5. Are vehicles left loaded overnight? Yes No *If Yes, explain in **Remarks Section**. Include frequency.*

6. How many of your units have alarm systems? _____ *If one (1) or more, explain in **Remarks Section**. Include types.*

7. How many of your units are equipped with fire extinguishers? _____ *If any, describe types in **Remarks Section**.*

SECTION B - COVERAGE INFORMATION

1. Indicate Coverage desired: Broad Form Named Perils + Theft Named Perils (excluding theft)

2. Cargo Coverage Limit: \$ _____ Deductible: \$ _____ Per Item Limit: \$ _____

3. Do you want Mechanical Breakdown coverage? Yes No *If Yes, indicate desired deductible: _____*

4. Do you want cargo terminal coverage? Yes No *If Yes, complete **Terminal Supplement**.*

5. If you desire additional coverages, describe requested coverages, applicable limits and deductibles. _____

6. Does your operation require Cargo Filings? Yes No *If Yes, complete **Filing Supplement**.*

7. Do you want loading and unloading coverage? Yes No Describe Mechanical Equipment used in Remarks Section.

8. Complete table below:

Name of Previous Carrier	Cargo Hauled	Limit	Premium	Effective Date	Expiration Date
			\$		
			\$		
			\$		

SECTION C - REMARKS SECTION

Provide additional information in the space below. If you are explaining answers to particular questions, please indicate the section and question numbers.

INITIALED BY: APPLICANT: _____ DATE _____ AGENCY: _____ DATE _____