



## Insurance Application Motor Truck Cargo Supplement

### SECTION A - GENERAL INFORMATION

1. **Applicant Name:** \_\_\_\_\_  
**Address 1:** \_\_\_\_\_  
**Address 2:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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	%
1				6			
2				7			
3				8			
4				9			
5				10			

3. Do you haul under released bill of lading? Yes No

If **Yes**, explain in **Remarks Section** and attach copies.

4. Do haul any hazardous cargo? Yes No

If **Yes**, explain in **Remarks Section**. Include for whom and type cargoes.

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); All Risk Form

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. Radius of operations? 0 - 50 \_\_\_\_%; 51- 200 \_\_\_\_%; 201-500 \_\_\_\_%; 501+ \_\_\_\_%

Key cities: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

9. Annual estimated:

Revenue miles? Expiring Yr \_\_\_\_\_ Pwr Units? Expiring Yr \_\_\_\_\_  
Prior Yr \_\_\_\_\_ Prior Yr \_\_\_\_\_  
Prior 2 Yr \_\_\_\_\_ Prior 2 Yr \_\_\_\_\_

10. Complete table below:

Name of Previous Carrier	Cargo Hauled	Limit of Liability	Gross Receipts	Annual Premium	Losses	Policy Effective 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.

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**INITIALED BY:**

APPLICANT: \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_

AGENT: \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_