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MOTOR TRUCK CARGO APPLICATION (CSIMTC2/01)

Name of Applicant: _____

Address: _____ Zip: _____ Phone# _____

Policy Period: _____ To: _____ Radius of operation from home terminal: _____

Years experience in this business: _____ Type Carrier: Private__ Common__ Contract__ Leased__

Terminal Locations: _____

Type of Merchandise Hauled: Do not use the term "General Merchandise." If more than one commodity is carried give percentage of load values: Load Values must be accurately stated as co-insurance applies.

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliance			Electronics			Oilfield Equip.		
Automobiles			Explosives			Paper		
Auto Parts			Fertilizers			Petroleum		
Boats			Furniture			Pipe		
Build. Materials			Grain			Poultry		
Candy			Livestock			Produce		
Canned Goods			Liquors			Seafood		
Carpets			Lumber			Steel		
Chemicals			Machinery			Textiles		
Clothing			Meat			Tires		
Cotton			Milk & Cream			Tobacco		
Containers			Mobile Homes			Other		
Eggs			Nuts					

Average Value Per Load: \$ _____ % _____ Maximum Value Per Load: \$ _____ % _____

For operations that extend through these cities, check the appropriate line.

- | | | | | |
|--------------------------------------|---|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Nashville | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Dallas | <input type="checkbox"/> Los Angeles* | <input type="checkbox"/> Newark* | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Denver | <input type="checkbox"/> Louisville | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Birmingham | <input type="checkbox"/> Detroit | <input type="checkbox"/> Memphis | <input type="checkbox"/> New York* | <input type="checkbox"/> Youngstown |
| <input type="checkbox"/> Boston | <input type="checkbox"/> D.C. | <input type="checkbox"/> Miami* | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Others |
| <input type="checkbox"/> Chattanooga | <input type="checkbox"/> Houston* | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Portland | _____ |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Jacksonville, FL | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> San Francisco* | *Company Approval |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Jersey City | <input type="checkbox"/> Montreal | <input type="checkbox"/> St. Louis | Mandatory |

PREVIOUS COMPANY AND LOSS EXPERIENCE

Name of your cargo carrier past 3 years? _____

Have you ever had cargo coverage cancelled, or renewal refused? _____ If yes, explain by giving name of company, reason for cancellation for refusal. _____

Show Policy Periods for Past 3 Years		Date of Loss	Losses By Cancellation	Losses By The	Losses By Theft	Cargo Losses
From:	To:		\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

SCHEDULE OF EQUIPMENT

THIS IS NOT A BINDER

NO	Year Model	Trade Name-Description Trailer-Full or Semi Refrigerated Unit	Serial Number	Stated Amount	% Factor	Premium

****REFRIGERATED UNITS LIST SEPARATELY FROM TRAILER GIVING SERIAL NUMBER**

SHOW NUMBER OF OWNED UNITS _____ LEASED: _____

IF ANY VEHICLES ARE LEASED, PROVIDE COPY OF LEASE AGREEMENT _____

GROSS RECEIPTS PAST YEAR _____ PROJECTED GROSS RECEIPTS _____

IS ICC FILING REQUIRED? _____ ICC DOCKET # _____

PREMIUMS: _____

POLICY FEE: _____

SUB TOTAL: _____

TAX: _____

TOTAL: _____

SCHEDULE OF DRIVERS	YRS. EMPL.	OPERATOR LICENSE NUMBER STATE	DATE OF BIRTH	DRIVING RECORD LAST THREE YEARS

Is each unit equipped with fire extinguishers? Yes__ No__ Babaco alarms? Yes__ No__

Are trucks/trailers closed & equipped with snap locks? Yes__ No__ Number of men on trucks _____

Are loaded trucks ever left unattended? Yes__ No__ Are drivers bonded? Yes__ No__

Indicated whether the following additional coverages are required: Show amount or limit:

- A. Deductible Clause Amount _____
- B. Earned Freight Clause _____
- C. Refrigeration Breakdown Clause _____
- D. Theft Clause _____
- E. Locked Truck Warranty (Full) _____
- F. Tarpaulin Warranty _____
- G. Bill of Lading Coverage _____
- H. Straying Coverage _____
- I. Loading & Unloading Coverage _____
- Other: _____

This application shall not be binding unless and until a policy is issued and payment made and then only as of the inception date of said policy and in accordance with all terms hereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

Insured's Signature

Date

I hereby certify that after diligent effort I have been unable to procure the insurance applied for above from authorized insurers.

Producer's Name: _____

Address: _____

By: _____ Date: _____