

Motor Truck Cargo Supplemental Application

1. **Name of applicant:** _____
2. **Type of carrier:** Common carrier Hauling own goods Contract carrier
3. **Coverage requested:** Schedule vehicles Named Perils Owner's cargo
4. **Do you use any leased operators whose equipment is not shown in the schedule?**..... Yes No
If yes, explain: _____
5. **Do you own any equipment not shown on the schedule?**..... Yes No
6. **List all shippers applicant has contracts with:** _____
7. **Commodities hauled:** Please complete percentage and value for each commodity hauled. Provide detail on any highlighted commodity hauled.

Property	%	Value	Property	%	Value	Property	%	Value
Agricultural equipment			Explosives			Oil field equipment		
Alcoholic beverages			Farm products			Paint		
Appliances			Feed			Paper		
Automobile parts			Fertilizer			Perfume		
Autos & boats			Fine art & collectibles			Petroleum products		
Beer & wine			Flooring (no rugs)			Pipe, cable, wire		
Beverages non-alcohol			Food products			Plastics		
Books			Food—frozen			Plumbing supplies		
Building materials			Frozen seafood			Poultry—dressed		
Cabinets & woodwork			Fruits—fresh			Poultry—live		
Cameras			Furs			Power tools		
Campers			General merchandise			Precious metals		
Candy			Glassware			Radios		
Canned Goods			Grain			Road materials		
Carpet			Gravel			Rugs—other than oriental		
Cement			Hardware			Rugs—oriental		
Ceramics			Hay			Sand		
Chemicals—home			Household effects			Seafood		
Chemicals—industrial			Jewelry			Shrimp—fresh		
China			Leather goods			Shrimp—frozen		
Cigarettes & cigars			Livestock			Shoes		
Clothing—men's, women's			Liquid—nonflammable			Sporting goods		
Clothing—other			Lobster—fresh			Stereo equipment		

Property	%	Value	Property	%	Value	Property	%	Value
Coal			Lobster—frozen			Tapes—audio, video		
Computer—equipment			Logs & pulpwood			Textiles		
Computer—software			Luggage			Tires & tubes		
Containerized freight			Lumber			Tobacco		
Cosmetics			Machinery			Tools		
Cotton			Meat—boxed			Toys		
Dairy products			Meat—frozen			TVs		
Drugs—except narcotics			Meat—swinging			Vending machines		
Dry goods			Metal & steel			Vegetables—fresh		
Eggs			Milk—bulk			Vegetable oil		
Electrical supplies			Mobile homes			Other		
Electronics—other			Narcotics					
Electronics—TV & stereos			Office equipment					

Detail on highlighted items: _____

Average value per load: _____ Maximum value per load: _____

8. **Deductible:** \$500 \$1,000 \$2,500 Other: _____

9. **Prior carrier and loss experience—three years:**

Company	Policy Number	Policy Period	Premium	# Losses	Loss Amount

Provide details of all cargo losses incurred over \$2,500 whether covered by insurance or not: _____

10. **Protection:**

Fire extinguishers? Yes No

All trucks and trailers equipped with locks? Yes No

Vehicles equipped with alarms? Yes No

If yes, what type? _____

11. **Gross receipts for past three years:**

DATES:		Gross Receipts—Company Owned Vehicles	Gross Receipts— Leased Vehicles
From:	To:		

Estimate of current year gross receipts: _____

12. Additional coverages available:

Loading and unloading? Yes No
Refrigeration breakdown? Yes No
Limit: _____ Deductible: _____

13. Filing information:

List states for which insured has cargo permits: _____
State authority number(s): _____
Is ICC Filing required? Yes No
ICC docket number: _____

14. O, S & D:

Do you have any outstanding claims on overages, shortages, or damages (O, S & D)? Yes No
Total outstanding: _____

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Applicant _____
Date

Signature of Agent _____
Date

Agent Name _____
Agent License Number