



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?
5. Do you own any equipment not shown on the schedule?
6. List all applicant's shippers' contracts:
7. Commodities hauled: Please complete percentage and value for each commodity hauled.

Table with 9 columns: Property, %, Value, Property, %, Value, Property, %, Value. Rows include categories like Agricultural equipment, Explosives, Oil field equipment, etc.

Property	%	Value	Property	%	Value	Property	%	Value
Clothing—other			Lobster—fresh			Stereo equipment		
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 No.	Policy Period	Premium	No. of 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: From: To:	Gross Receipts—Company Owned Vehicles	Gross Receipts— Leased Vehicles

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: 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. **(Not applicable to Nebraska, Oregon or Vermont).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)