

Adriatic Insurance Company

MOTOR TRUCK CARGO APPLICATION Master Policy _____ Renewal of _____

Name _____ DBA _____

Address _____

City _____ State _____ Zip _____ Phone# _____

Years experience in this business? _____ Type Carrier: Private Common Contract Leased

Policy Period From _____ To _____ Radius (from home terminal) _____

Terminal Locations _____

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

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

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

For Operations that extend through these cities, check the appropriate block.

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

Show Policy Periods for Past Three Years		Date of Loss	Losses by Collision	Losses By Fire	Losses By Theft	Cargo Losses
From:	To:					

SCHEDULE OF EQUIPMENT

COVERAGE TO BE WRITTEN AS SPECIFIED OR NAMED PERILS ONLY

THIS IS NOT A BINDER

NO	YEAR MODEL	TRADE NAME____DESCRIPTION TRAILER____FULL OR SEMI REFRIGERATED UNIT **	SERIAL NUMBER	STATE 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# _____

IF STATE FILING REQUIRED – SHOW STATE & PERMIT #'s _____

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

INDICATE WHETHER THE FOLLOWING ADDITIONAL COVERAGES ARE REQUIRED? SHOW AMOUNT OR LIMIT

A DEDUCTIBLE CLAUSE AMOUNT _____ F TARPULIN WARRANTY _____

B EARNED FREIGHT CLAUSE _____ G BILL OF LADING COVERAGE _____

C REFRIGERATION BREAKDOWN CLAUSE _____ H STRAYING COVERAGE _____

D THEFT CLAUSE _____ I LOADING AND UNLOADING COVERAGE _____

E LOCKED TRUCK WARRANTY (FULL) _____ 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 condition of the insurance, and a warranty or 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

Producers Name: _____

Address: _____

By: _____ Date: _____