



EASTERN ATLANTIC INSURANCE COMPANY

CARGO APPLICATION

I. GENERAL INFORMATION

APPLICANT'S NAME: _____
(exactly as it appears on F.M.C.S.A. & state filing)

MAILING ADDRESS: _____
City State Zip Code

Telephone: (office)_() _____ (home)_() _____ E-Mail _____

ADDRESS WHERE VEHICLES ARE GARAGED: _____

Insurance is desired from: _____, 20 _____ To _____, 20 _____

Business of applicant is: _____ Type of carrier: Contract Common

And operates as a Corporation Partnership Individual Leased Private

Owner of cargo? Yes No Is regular F.M.C.S.A. Bill of Landing issued: Yes No If no, attach copy of Bill of Landing used.

Do you lease to another motor carrier when hauling cargo described in this application? Yes No

If yes, give name and address of leasee: _____

Does leasee require an Additional Insured Endorsement? Yes No Is this a new operation? Yes No

Current management has controlled the business since? _____ (yr.) Current management experience? _____ (yrs.)

Have you purchased cargo insurance in the past 3 years? Yes No

Has cargo insurance been canceled, nonrenewed or rejected in the past 3 years? Yes No If yes, give details. _____

II. PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE (list for the past three years with the most recent carrier first)

Policy Term From To	Company & Policy Number	Premium	Number of Claims	Cause of Loss	Amount Paid	Reserves

III. VEHICLE INFORMATION –Attach a separate list for nine or more power units.

Applicant desires to schedule: Tractors or Trucks (NON-POWER UNITS MAY NOT BE SCHEDULED)

Description (Year, Model and Trade Name)	Body Type (Open/Closed)	Locked Y or N	Factory or Motor Number	Type of Body & Tonnage	Mileage Radius

Total Leased Tractors _____ Trucks _____ Other _____

Total Owned Tractors _____ Trucks _____ Other _____

IV. PROTECTION:

Is each unit equipped with fire extinguishers? Yes No

Are bodies of all units completely closed and equipped with snap locks? Yes No

Are Trucks equipped with Alarms? Yes No If yes, (Describe) _____
 Are any vehicles equipped with G.P.S. systems? Yes No If yes, lists these units _____

Number of men on Trucks _____ Are loaded Trucks left unattended? Yes No Are drivers bonded? Yes No

V. CARGO DESCRIPTION:

Cargo	% of hauling	Max. Value	Cargo	% of hauling	Max. Value	Cargo	% of hauling	Max. Value
Alcoholic Liquor	%		Fertilizer	%		Mobile Homes (Single)	%	
Autos (Transporter)	%		Frozen Goods & Ice	%		Mobile Homes (Double)	%	
Autos (Towing Operator)	%		Furniture	%		Poultry (Live or Iced)	%	
Beer/Wine	%		Gas, Oil	%		Produce, Fruit	%	
Building Materials (Excluding Lumber)	%		Grains & Cereal	%		Seafood, Shrimp	%	
Canned/Dry (non perish)	%		Livestock	%		Steel, Steel Products	%	
Chemicals – Bagged or Bulk?	%		Luggage	%		Textiles (Raw)	%	
Clothing	%		Lumber, Paneling	%		Tires	%	
Cotton (Bales)	%		Machinery (Type?)	%		Tobacco Products	%	
Eggs in Shells	%		Meat (Packaged?)	%		Other (list below)		
Electronics (Type?)	%		Milk	%			%	

* If applicant hauls double trailers, Limit of Insurance must be equal to the value of both trailers combined.
 AVERAGE VALUE PER LOAD \$ _____ (100% co-insurance clause applies.)

VI. FILING INFORMATION:

List states for which insured requires CARGO FILINGS (check name on permits) _____
 Is F.M.C.S.A. filing required Yes No F.M.C.S.A. Docket # _____ D.O.T. # _____ Do you hold broker's License? Yes No

VII. AREAS OF OPERATIONS:

<input type="checkbox"/> Albany	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Jersey City	<input type="checkbox"/> Minneapolis	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Atlantic	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Montreal (Canada)	<input type="checkbox"/> St. Louis
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Dallas	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nashville	<input type="checkbox"/> Toronto (Canada)
<input type="checkbox"/> Birmingham	<input type="checkbox"/> Denver	<input type="checkbox"/> Louisville	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Boston	<input type="checkbox"/> Detroit	<input type="checkbox"/> Memphis	<input type="checkbox"/> New York (State-Excl. NY City)	<input type="checkbox"/> Washington (State)
<input type="checkbox"/> California (Excl. LA & SF)	<input type="checkbox"/> D.C.	<input type="checkbox"/> Metro-New York	<input type="checkbox"/> Oregon	<input type="checkbox"/> Youngstown
<input type="checkbox"/> Chattanooga	<input type="checkbox"/> Houston	<input type="checkbox"/> Miami	<input type="checkbox"/> Philadelphia	<input type="checkbox"/>
<input type="checkbox"/> Chicago	<input type="checkbox"/> Jacksonville, FL	<input type="checkbox"/> Milwaukee		Other _____

VIII. DRIVER INFORMATION: (If not enough space, show other drivers under miscellaneous.)

Driver' Name	Date of Birth	Driver's License Number	Social Security #	State where Driver's Lic. Obtained	Yrs. Exp. Driving Trucks	Length of Present Employment	*Number Accidents in Past 3 yrs.	*Number Moving Viol. Past 3 years

*Explain in miscellaneous section.

IX. GROSS RECEIPTS INFORMATION

Estimate coming year? _____ Last year? _____ Two years ago? _____ Three year ago? _____

X. INSURANCE NEEDS – Complete for desired coverage:

Named Perils Broad Form Deductible Amount \$ _____ Include Refrigeration Breakdown (\$2500 minimum deductible)

REDUCTION OF COVERAGE (Premium Credit): <input type="checkbox"/> Exclude Theft Coverage
XI. MISCELLANEOUS:

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative does not have authority to bind coverage, may not accept any for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate, or the F.M.C.S.A., requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspections of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit to the Company only, and is not to be relied upon by the applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Agent Signature

Applicant's Signature

Date

<p><i>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.</i></p>
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