

# Adriatic Insurance Company

## MOTOR TRUCK CARGO APPLICATION

Name of Applicant/ Trade Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Period \_\_\_\_\_ To \_\_\_\_\_ Radius of operations from home terminal \_\_\_\_\_

Years experience hauling cargo? \_\_\_\_\_ Type Carrier: Private  Common  Contract  Leased

Terminal Locations \_\_\_\_\_

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

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliances			Dry Goods			Nuts		
Automobiles		*	Electronics			Oilfield Equip.		
Auto Parts		*	Explosives			Paper		
* Boats			Fertilizers			Petroleum		
Build. Matls.			Furniture (Retail)			Pipe		
Candy			Grain			Poultry		
Canned Goods		*	Liquors			Produce		
Carpets			Lumber			* Seafood		
* Chemicals		*	Machinery			Steel		
* Clothing			Meat			Textiles		
Cotton			Milk & Cream			* Tires		
Containers			Moving / Storage			Tow / Wrecker		

\* These commodities are subject to the target commodity clause and prior company approval.

Average Value Per Load \$ \_\_\_\_\_ % \_\_\_\_\_ Maximum Value Per Load \$ \_\_\_\_\_ % \_\_\_\_\_

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

- |                                      |                                                 |                                                 |                                                   |                                     |
|--------------------------------------|-------------------------------------------------|-------------------------------------------------|---------------------------------------------------|-------------------------------------|
| <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 checked="" type="checkbox"/> Los Angeles | <input checked="" 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 checked="" type="checkbox"/> New York      | <input type="checkbox"/> Youngstown |
| <input type="checkbox"/> Boston      | <input type="checkbox"/> D.C.                   | <input checked="" type="checkbox"/> Miami       | <input type="checkbox"/> Philadelphia             | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Chattanooga | <input checked="" type="checkbox"/> Houston     | <input type="checkbox"/> Milwaukee              | <input type="checkbox"/> Portland                 |                                     |
| <input type="checkbox"/> Chicago     | <input type="checkbox"/> Jacksonville, Fla.     | <input type="checkbox"/> Minneapolis            | <input checked="" type="checkbox"/> San Francisco |                                     |
| <input type="checkbox"/> Cincinnati  | <input checked="" type="checkbox"/> Jersey City | <input type="checkbox"/> Montreal               | <input type="checkbox"/> St. Louis                |                                     |

**★ Company Approval  
Mandatory**

Name of your previous cargo carrier? \_\_\_\_\_

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

THIS IS NOT A BINDER

COVERAGE TO BE WRITTEN AS: BROAD FORM OR NAMED PERILS

NO	YEAR MODEL	TRADE NAME DESCRIPTION	VEHICLE IDENTIFICATION NUMBER	STATED AMOUNT	% FACTOR	PREMIUM

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 \_\_\_\_\_  
 LIST ANY ADDITIONAL INSURED'S \_\_\_\_\_

PREMIUM \$ \_\_\_\_\_  
 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 COVERAGES ARE REQUIRED: SHOW AMOUNT OR LIMIT  
 A DEDUCTIBLE CLAUSE AMOUNT \_\_\_\_\_ E REFRIGERATION BREAKDOWN \_\_\_\_\_  
 B EARNED FREIGHT CLAUSE \_\_\_\_\_ F OTHER \_\_\_\_\_  
 C THEFT CLAUSE \_\_\_\_\_  
 D LOCKED TRUCK WARRANT \_\_\_\_\_

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. Coverage only applies to scheduled vehicles.

\_\_\_\_\_  
 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: \_\_\_\_\_