

Adriatic Insurance Company

MOTOR TRUCK CARGO APPLICATION

Name of Applicant _____

Address _____

_____ Zip _____ Phone # _____

Policy Period _____ To _____ Radius of operations from home terminal _____

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

Terminal Locations _____

Type of Merchandise Hauled: Do not use the term "General Merchandise." 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			Electronics			Oilfield Equip.		
Automobiles			Explosives			Paper		
Auto Parts			Fertilizers			Petroleum		
Boats			Furniture			Pipe		
BUILD. MATLS.			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			Other		
Eggs			Nuts					

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"/> Others |
| <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 checked="" type="checkbox"/> Company Approval
Mandatory |
| <input type="checkbox"/> Cincinnati | <input checked="" type="checkbox"/> Jersey City | <input type="checkbox"/> Montreal | <input type="checkbox"/> St. Louis | |



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

THIS IS NOT A BINDER

COVERAGE TO BE WRITTEN AS SPECIFIED OR NAMED PERILS ONLY

NO	YEAR MODEL	TRADE NAME _ DESCRIPTION TRAILER _ FULL OR SEMI REFRIGERATED UNIT **	SERIAL NUMBER	STATED 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. EEMPL.	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 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.

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: _____