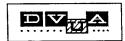


APPLICATION MOTOR TRUCK CARGO



FORM A-103

Applicant						Ta	ax ID or SS No			
Address				-		т	elephone No			
City		County						Z in		
					State	J		_ Zp		
		ate	Years in Bu	usiness	Have y	ou eve	r filed reorganization	or bankruptcy	? YES	□ NO
TYPE CARRIER (CI	neck one or mo	ore)		* ,		2.3	N. Carlot			
Common	Owner o	of Cargo 🔲 Pi	ggyback or Co	ontainer	22	Contrac	t Other	(Specify)		
COVERAGE (Check	k one or more)		003							
All Risk Nam	ed Perils 🔲	Loading/Unloading	☐ Collision of	of load	Reportin	a Di	Reefer Other DE	DUCTIBLE D	DEDUCTIE	LE REEFE
Total Owned: Tr	actors	 				Oth	er			
			Trucks			Oth	er			
	Per Vehic	cle			Per	Occurr	ence			
RADIUS	0	-50		50-300			300-1000			Unlimited
	Type		Ava	May		٥/,	Type		Δνα	Max
			7.tg	T TVICE			Type		Avg	T
				 						
										†
GROSS RECEIPTS	(3 YEARS)		·					1	L	<u> </u>
			-	·····	DOES	CANA	I WRITE OTHER CO	WEDAGES	Unlimited Avg Max Ves No The properties of Amount Paid Amount Paid The each Permit The properties of the prisonment. I agree the present of the prisonment. I agree the prisonment is a significant of the prisonment of the prisonment. I agree the prisonment is a significant of the prisonment of the pr	
					- 1				YES	
20	Telephone No									
Estimate Current Ye	ar								riei compe	y:
EXPERIENCE - If ov	er 10 units,	attach current insure	er loss runs.				***	****		
	_	^ .5					No.	Cause of		
From	10	Company and Po	licy No.		Premiun	n	of Claims	Loss	An	nount Paid
FILINGS							<u> </u>	I		
								<u> </u>		
Filings Requ	uired	Docket or Pe	ermit Number			Name 8	& Address Exactly as	appears on ea	ach Permit	

										· · · · · · · · · · · · · · · · · · ·
		1								16
COMMENTS										
Any person who, v	vith the inte	nt to defraud or kn	owing that h	e or she is	facilitat	ing a fr	aud against an ins	urer, submits	an applic	cation or file
a claim containing	a false or c	deceptive stateme	nt may be gu	State						
any intentional col	County State Zip									
listed, it is extreme	elv importar	iraud warning noti nt that vou read vo	ices. These our applicable	warning no e notice	otices a	opear	on the reverse side	of this appli	cation. If	your state
, , , , , , , , , , , , , , , , , , , ,	,	,,, .	ou. applicabl	o 1101100.						
	APPLICA	INT'S SIGNATURE			DATE					
ACENT MARKE										
AGENT NAME							THIS IS	NOTA	RINI)EB
AGENT ADDRESS							IIIO) 110 i A	, Dil41	- L. I I
SIGNATURE OF	:ANT		•							
AGENT OF APPLIC	/DIN I				DATE					

SCHEDULE OF TRACTORS/TRUCKS	S/TRUCKS				-			CIST OF DRIVERS		
Model Trade Name/Kind of Vehicle M	Motor/Serial Number	Driver's Name		Social Security Number	y Date of Birth Mo. Day Year	à t	Dri State	Drivers Licenses ate Number	No. of Violations and Accidents Past 3 years	ns and years
						-				
								:		
(1) TR-Tractor TK-Truck		CERTIFICATE HOLDERS	TE HOL	DERS						
Name					Complete Address	ddress				
TERMINAL COVERAGE NOTE: If quote is needed for cargo at a terminal while not on a scheduled vehicle, complete the following: (Describe any terminal losses in the past 3 years)	or cargo at a terminal wh	le not on a schedule	d vehicle, cor	nplete the follow	ving: (Describe a	ıny term	inal loss	es in the past 3 y	'ears)	
Address	Average Car Exposure	Average Cargo Maximum Cargo Exposure	Sq. Ft.	Fenced	Alarms	Watchman	hman	Sprinkler	Limit	
				□ ves	□YES □NO	□Æ	□š	o S O		
								0		

LIST OF DRIVERS

information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. ARKANSAS - (Statute 23-66-503) - WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 COLORADO - (Statute 10-1-127) - WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding

the company. Penalties may include imprisonment, fines or a denial of insurance benefits. MAINE - (Statute 24-A-2186) - WARNING: It is a crime to provide false, incomplete or misleading information to an insurance company for the purpose of defrauding

information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties NEW MEXICO - (Statute 59A-16C-8) - WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false

or files a claim containing a false or deceptive statement is guilty of insurance fraud OHIO - (Statute 3999.21) - WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application

insurance policy, containing any talse, incomplete or misleading information is guilty of a felony. OKLAHOMA - (Statute 3613.1) - WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim, for the proceeds of an

PENNSYLVANIA - (Statute 75-1822) - 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 crime and subjects such person to criminal civil penalties.