# SUPPLEMENT TO TRUCK APPLICATION
# CARGO COVERAGE APPLICATION

**This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.**

1. APPLICANT'S NAME _____

2. Has any company ever cancelled or refused to issue cargo insurance? ☐ Yes ☐ No

   If yes, explain _____

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

4. **PREVIOUS CARGO CARRIER AND LOSS EXPERIENCE (list for the past three years with most recent carrier first).**

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

5.

| Type of Cargo | % of Hauling | Maximum Value | Average Value |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6. Applicant desires to have cargo premiums applied to each:

   ☐ power unit, which includes any trailers, semi-trailers, or mobile homes, but only while attached to a described power unit, or;

   ☐ trailers or semi-trailers.

7. **INSURANCE NEEDS** - Complete for desired coverages:

   ☐ Named Perils or ☐ Broad Form Deductible Amount $ _____ Limit of Insurance $ _____

   OPTIONAL COVERAGES (Additional Premium): ☐ Additional Insured Endorsement (Lessee) ☐ Loading and Unloading Coverage ☐ Earned Freight Coverage ☐ Refrigeration Breakdown Coverage ☐ Hired Car Cargo Coverage

   REDUCTION OF COVERAGE (Premium Credit) ☐ Exclude Theft Coverage

   If applicant hauls double wide mobile homes, Limit of Insurance must be equal to the value of both sides combined to satisfy co-insurance. Amount of insurance on each truck should equal maximum load carried, as policies contain **100% co-insurance clause.**

8. **CARGO FILING INFORMATION:**

   List states for which insured requires CARGO FILINGS (check name on permits) _____

   Is I.C.C. filing required? ☐ Yes ☐ No I.C.C. Docket Number _____

9. **MISCELLANEOUS:**