



CARGO SUPPLEMENTAL APPLICATION

(Attach to Trucker Application)

Answer all questions; attach separate sheet if necessary. If any questions are not applicable, please indicate.

General Information

Applicant Name	Effective Date:	Expiration Date:
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Applicant is Common Carrier Contract Carrier Owner of Property

Type of Coverages, Limits, Deductible & Operations

Coverage: Specified Perils Broad Form

Optional Coverages: Theft Refrigeration Breakdown Earned Freight Other _____

Maximum limit per vehicle \$ _____

Deductible per vehicle \$ _____

Gross Receipts Reporting Form desired? Yes No If yes, gross receipts for the past 12 months: \$ _____

Radius _____ of _____ Average length of haul in miles _____
 (miles) (garage location)

List of major cities operated in: _____

Cargo filings required State Other (specify) _____

Property Covered

Principal Commodities carried	% of total
1.	
2.	
3.	
4.	
5.	

Total must equal 100%

Schedule of Vehicles (applicable to power units only)

Unit No.	Year	Make	Model	Vehicle ID # (VIN)
1.				
2.				
3.				
4.				
5.				

Terminal Coverage

Loc. #	Address, City, State	Limit of Liability
1.		
2.		
3.		

Cargo Loss History (last 3 years)

Date of Claim	Insurance Carrier	Amount Paid and/or Reserved	Status Open Closed	Description of Loss
		\$		
		\$		
		\$		
		\$		