



SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

Motor Truck Cargo Supplemental Application

- 1. Name of applicant:
2. Type of carrier: Common carrier, Hauling own goods, Contract carrier
3. Coverage requested: Schedule vehicles, Named Perils, Owner's cargo
4. Do you use any leased operators whose equipment is not shown in the schedule?
5. Do you own any equipment not shown on the schedule?
6. List all applicant's shippers' contracts:
7. Commodities hauled: Please complete percentage and value for each commodity hauled.

Table with 9 columns: Property, %, Value, Property, %, Value, Property, %, Value. Rows include categories like Agricultural equipment, Explosives, Oil field equipment, etc.

Property	%	Value	Property	%	Value	Property	%	Value
Clothing—other			Lobster—fresh			Stereo equipment		
Coal			Lobster—frozen			Tapes—audio, video		
Computer—equipment			Logs & pulpwood			Textiles		
Computer—software			Luggage			Tires & tubes		
Containerized freight			Lumber			Tobacco		
Cosmetics			Machinery			Tools		
Cotton			Meat—boxed			Toys		
Dairy products			Meat—frozen			TVs		
Drugs—except narcotics			Meat—swinging			Vending machines		
Dry goods			Metal & steel			Vegetables—fresh		
Eggs			Milk—bulk			Vegetable oil		
Electrical supplies			Mobile homes			Other:		
Electronics—other			Narcotics					
Electronics—TV & stereos			Office equipment					

Detail on highlighted items: _____

Average value per load: _____ Maximum value per load: _____

8. **Deductible:** \$500 \$1,000 \$2,500 Other: _____

9. **Prior carrier and loss experience—three years:**

Company	Policy No.	Policy Period	Premium	No. of Losses	Loss Amount

Provide details of all cargo losses incurred over \$2,500 whether covered by insurance or not: _____

10. **Protection:**

Fire extinguishers? Yes No

All trucks and trailers equipped with locks? Yes No

Vehicles equipped with alarms? Yes No

If yes, what type? _____

11. **Gross receipts for past three years:**

DATES:		Gross Receipts—Company Owned Vehicles	Gross Receipts—Leased Vehicles
From:	To:		

Estimate of current year gross receipts: _____

12. Additional coverages available:

Loading and unloading? Yes No
Refrigeration breakdown? Yes No
Limit: _____ Deductible: _____

13. Filing information:

List states for which insured has cargo permits: _____
State authority number(s): _____
Is ICC filing required? Yes No
ICC docket number: _____

14. O, S & D:

Do you have any outstanding claims on overages, shortages or damages (O, S & D)? Yes No
Total outstanding: _____

FRAUD 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 a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)