Motor Truck Cargo Supplemental Application

1.	Name of applicant:						
2.	Type of carrier: ☐ Common	carrier 🔲 Haulin	g own goods	☐ Contract carrier			
3.	Coverage requested: ☐ S	Schedule vehicles	■ Named Perils	☐ Owner's carç	go		
4.	Do you use any leased operators whose equipment is not shown in the schedule?						
	If yes, explain:						
5.	Do you own any equipment no	🖵 Yes	☐ No				
6.	List all shippers applicant has	contracts with:					
7.	Commodities hauled: Please of	complete percentage	and value for each	n commodity hauled.	Provide detail of	n any	

highlighted commodity hauled.	
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Property	%	Value	Property	%	Value	Property	%	Value
Agricultural equipment			Explosives			Oil field equipment		
Alcoholic beverages			Farm products			Paint		
Appliances			Feed			Paper		
Automobile parts			Fertilizer			Perfume		
Autos & boats			Fine art & collectibles			Petroleum products		
Beer & wind			Flooring (no rugs)			Pipe, cable, wire		
Beverages non-alcohol			Food products			Plastics		
Books			Food—frozen			Plumbing supplies		
Building materials			Frozen seafood			Poultry—dressed		
Cabinets & woodwork			Fruits—fresh			Poultry—live		
Cameras			Furs			Power tools		
Campers			General merchandise			Precious metals		
Candy			Glassware			Radios		
Canned Goods			Grain			Road materials		
Carpet			Gravel			Rugs—other than oriental		
Cement			Hardware			Rugs—oriental		
Ceramics			Hay			Sand		
Chemicals—home			Household effects			Seafood		
Chemicals—industrial			Jewelry			Shrimp—fresh		
China			Leather goods			Shrimp—frozen		
Cigarettes & cigars			Livestock			Shoes		
Clothing—men's, women's			Liquid—nonflammable			Sporting goods		
Clothing—other			Lobster—fresh			Stereo equipment		

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9. Prior o	carrier and loss e	experience		□ \$2,500	☐ Other:			
	carrier and loss e	experience		• •				
		- T	unce yea	rs.				
	Company							
Provide		Policy	Number	Policy Period	Premium	# Losses	Loss Amount	
Provide								
Provide								
	e details of all car	go losses in	ncurred over	\$2,500 whether cov	⊥ ⁄ered by insurai	ice or not:		
	·				,			
10. Protec	tion:							
Fire ex	tinguishers?						Yes 🗖 No	
All truc	ks and trailers eq	uipped with	locks?				Yes 🗆 No	
Vehicle	es equipped with a	alarms?					Yes 🛭 No	
		t unee yea						
	ES:	DATES:		oss Receipts—Con		Gross Receipts—		
From	: To:			Owned Vehicles	•	Leased V	enicies	

Property

%

Value

Property

%

Value

%

Value

Property

12. Additional coverages available:									
Loading and unloading?	□ Yes	s 🗖 No							
Refrigeration breakdown?	□ Yes	s 🗖 No							
Limit:	Deductible:								
13. Filing information:									
List states for which insured has cargo perr	nits:								
State authority number(s):									
Is ICC Filing required?	□ Yes	s □ No							
ICC docket number:									
14. O, S & D:									
Do you have any outstanding claims on over	erages, shortages, or damages (O, S & D)? 🖵 Yes	s □ No							
Total outstanding:									
FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:									
commercial insurance or a statement of claim for false information, or conceals for the purpose person who, in connection with such applications spires with another to make a false report of the enforcement agency, the department of motor	defraud any insurance company or other person files an applical or any commercial or personal insurance benefits containing any may of misleading, information concerning any fact material thereto, a control or claim, knowingly makes or knowingly assists, abets, solicits the theft, destruction, damage or conversion of any motor vehicle to vehicles or an insurance company, commits a fraudulent insurance civil penalty not to exceed five thousand dollars and the value of the tion.	aterially nd any or con- o a law nce act,							
FRAUD WARNING									
surance or statement of claim containing any n	lefraud any insurance company or other person files an application naterially false information or conceals for the purpose of misleading commits a fraudulent insurance act, which is a crime and subject	g, infor-							
Signature of Applicant									
Signature of Agent	Date								
Agent Name									