

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 |
|---------------------|-------------------------|---------|------------------|---------------|-------------|----------|
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5.

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

