

# *Adriatic Insurance Company*

**MOTOR TRUCK CARGO APPLICATION**    **Master Policy** \_\_\_\_\_ **Renewal of** \_\_\_\_\_

Name \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Years experience in this business? \_\_\_\_\_ Type Carrier: Private  Common  Contract  Leased

Policy period from \_\_\_\_\_ to \_\_\_\_\_ Radius (from home terminal) \_\_\_\_\_

Terminal Locations \_\_\_\_\_

Type of Merchandise Hauled: Do not use term "General Merchandise." If more than one commodity is carried give percentages of load values: Load Values must be accurately stated as co-insurances applies.

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliances			Electronics			Oilfield Equip.		
Automobiles			Explosives			Paper		
Auto Parts			Fertilizers			Petroleum		
Boats			Furniture			Pipe		
Build. Mats.			Grain			Poultry		
Candy			Livestock			Produce		
Canned Goods			Liquors			Seafood		
Carpets			Lumber			Steel		
Chemicals			Machinery			Textile		
Clothing			Meat			Tires		
Cotton			Milk & Cream			Tobacco		
Containers			Mobile Homes			Nuts		
Eggs			Other					

Average Value Per Load \$ \_\_\_\_\_ % \_\_\_\_\_ Maximum Values Per Load \$ \_\_\_\_\_ % \_\_\_\_\_

For Operations that extend through these cities, check the appropriate block.

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Albany<br><input type="checkbox"/> Atlanta<br><input type="checkbox"/> Baltimore<br><input type="checkbox"/> Birmingham<br><input type="checkbox"/> Boston<br><input type="checkbox"/> Chattanooga<br><input type="checkbox"/> Chicago<br><input type="checkbox"/> Cincinnati | <input type="checkbox"/> Cleveland<br><input type="checkbox"/> Dallas<br><input type="checkbox"/> Denver<br><input type="checkbox"/> Detroit<br><input type="checkbox"/> D.C.<br><input type="checkbox"/> Houston<br><input type="checkbox"/> Jacksonville, Fla.<br><input type="checkbox"/> Jersey City* | <input type="checkbox"/> Kansas City<br><input type="checkbox"/> Los Angeles*<br><input type="checkbox"/> Louisville<br><input type="checkbox"/> Memphis<br><input type="checkbox"/> Miami*<br><input type="checkbox"/> Milwaukee<br><input type="checkbox"/> Minneapolis<br><input type="checkbox"/> Montreal | <input type="checkbox"/> Nashville<br><input type="checkbox"/> Newark*<br><input type="checkbox"/> New Orleans<br><input type="checkbox"/> New York*<br><input type="checkbox"/> Philadelphia<br><input type="checkbox"/> Portland<br><input type="checkbox"/> San Francisco*<br><input type="checkbox"/> St. Louis | <input type="checkbox"/> Toronto<br><input type="checkbox"/> Tulsa<br><input type="checkbox"/> Seattle<br><input type="checkbox"/> Youngstown<br><input type="checkbox"/> Others |
|--|---|--|---|--|

\* Company Approval Mandatory

### PREVIOUS COMPANY AND LOSS EXPERIENCE

Name of your cargo carrier past 3 years? \_\_\_\_\_

Have you ever had cargo coverage cancelled, or renewal refused? \_\_\_\_\_ If yes, explain by giving name of company, and reason for cancellation or refusal \_\_\_\_\_

Show Policy Periods for Past Three Years		Date of Loss	Losses by Collision	Losses By Fire	Losses By Theft	Cargo Losses
From: _____	To: _____					

# SCHEDULE OF EQUIPMENT

COVERAGE TO BE WRITTEN AS SPECIFIED OR NAMED PERILS ONLY

THIS IS NOT A BINDER

NO	YEAR MODEL	TRADE NAME____DESCRIPTION TRAILER____FULL OR SEMI REFRIGERATED UNIT **	SERIAL NUMBER	STATE AMOUNT	% FACTOR	PREMIUM

\*\* REFRIGERATED UNITS LIST SEPARATELY FROM TRAILER GIVING SERIAL NUMBER

SHOW NUMBER OF OWNED UNITS: \_\_\_\_\_ LEASED: \_\_\_\_\_

IF ANY VEHICLES ARE LEASED, PROVIDE COPY OF LEASE AGREEMENT.

GROSS RECEIPTS PAST YEAR: \_\_\_\_\_ PROJECTED GROSS RECEIPTS \_\_\_\_\_

IS ICC FILING REQUIRED? \_\_\_\_\_ ICC DOCKET# \_\_\_\_\_

IF STATE FILING REQUIRED – SHOW STATE & PERMIT #'s \_\_\_\_\_

**PREMIUMS** \$ \_\_\_\_\_

**POLICY FEE** \$ \_\_\_\_\_

**SUB TOTAL** \$ \_\_\_\_\_

**TAX** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

SCHEDULE OF DRIVERS:	YRS. EMPL.	OPERATOR LICENSE NUMBER STATE	DATE OF BIRTH	DRIVING RECORD LAST THREE YEARS

IS EACH UNIT EQUIPPED WITH FIRE EXTINGUISHERS? YES  NO  - BABACO ALARMS YES  NO

ARE TRUCKS/TRAILERS CLOSED & EQUIPPED WITH SNAP LOCKS? YES  NO  NUMBER OF MEN ON TRUCKS \_\_\_\_\_

ARE LOADED TRUCKS EVER LEFT UNATTENDED? YES  NO  ARE DRIVERS BONDED? YES  NO

INDICATE WHETHER THE FOLLOWING ADDITIONAL COVERAGES ARE REQUIRED? SHOW AMOUNT OR LIMIT

A DEDUCTIBLE CLAUSE AMOUNT \_\_\_\_\_ F TARPULIN WARRANTY \_\_\_\_\_

B EARNED FREIGHT CLAUSE \_\_\_\_\_ G BILL OF LADING COVERAGE \_\_\_\_\_

C REFRIGERATION BREAKDOWN CLAUSE \_\_\_\_\_ H STRAYING COVERAGE \_\_\_\_\_

D THEFT CLAUSE \_\_\_\_\_ I LOADING AND UNLOADING COVERAGE \_\_\_\_\_

E LOCKED TRUCK WARRANTY (FULL) \_\_\_\_\_ OTHER \_\_\_\_\_

This application shall not be binding unless and until a policy is issued and payment made and then only as of the inception date of said policy and in accordance with all terms hereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are hereby made the basis and condition of the insurance, and a warranty or the part of the insured.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

\_\_\_\_\_  
Insured's Signature Date

I hereby certify that after diligent effort I have been unable to procure the insurance applied for above from authorized insurers

Producers Name: \_\_\_\_\_

Address: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_