

Adriatic Insurance Company

MOTOR TRUCK CARGO APPLICATION

Name of Applicant/ Trade Name _____

Address _____

_____ Zip _____ Phone # _____

Policy Period _____ To _____ Radius of operations from home terminal _____

Years experience hauling cargo? _____ Type Carrier: Private Common Contract Leased

Terminal Locations _____

Description of Merchandise: Do not use the term "General Merchandise" or "Other." If more than one commodity is carried give percentages of load values: Load Values must be accurately stated as co-insurance applies.

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliances		*	Electronics			Paper		
Automobiles		*	Explosives			Petroleum		
Auto Parts			Fertilizers			Pipe		
Boats			Furniture (Retail)			Poultry		
Build. Matls.			Grain			Produce		
Canned Goods		*	Liquors		*	Seafood		
Carpets			Lumber		*	Steel		
* Chemicals		*	Machinery			Textiles		
* Clothing			Meat			Towing/Storage		
Cotton		*	Milk & Cream		*	Tires		
Container Freight		*	Nuts			Other (Specify)		
Dry Goods		*	Oilfield Equipment					

* These commodities are subject to the target commodity clause and prior company approval.

Average Value Per Load \$ _____ % _____ Maximum Value Per Load \$ _____ % _____

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

- Albany
- Atlanta
- Baltimore
- Birmingham
- Boston
- Chattanooga
- Chicago
- Cincinnati
- Cleveland
- Dallas
- Denver
- Detroit
- D.C.
- Houston
- Jacksonville, Fla.
- Jersey City
- Kansas City
- Los Angeles
- Louisville
- Memphis
- Miami
- Milwaukee
- Minneapolis
- Montreal
- Nashville
- Newark
- New Orleans
- New York
- Philadelphia
- Portland
- San Francisco
- St. Louis
- Toronto
- Tulsa
- Seattle
- Youngstown
- Other

★ Company Approval Mandatory

Name of your previous cargo carrier? _____

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

THIS IS NOT A BINDER

COVERAGE TO BE WRITTEN AS: BROAD FORM OR NAMED PERILS

NO	YEAR MODEL	TRADE NAME DESCRIPTION	VEHICLE IDENTIFICATION NUMBER	STATED AMOUNT	% FACTOR	PREMIUM

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 _____
 LIST ANY ADDITIONAL INSURED'S _____

PREMIUM \$ _____
 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 COVERAGES ARE REQUIRED: SHOW AMOUNT OR LIMIT
 A DEDUCTIBLE CLAUSE AMOUNT _____ E REFRIGERATION BREAKDOWN _____
 B EARNED FREIGHT CLAUSE _____ F OTHER _____
 C THEFT CLAUSE _____
 D LOCKED TRUCK WARRANT _____

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 a condition of the insurance, and a warranty on the part of the insured. This application forms part of the policy.

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. Coverage only applies to scheduled vehicles.

 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.
 Producer's Name: _____
 Address: _____
 By: _____ Date: _____