

# 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

Type of Cargo	% of Hauling	Maximum Value	Average Value

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:

- ☐ Names 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:**