

# CARGO ADD-ON SUPPLEMENTAL

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<br>From To | Company & Policy Number | Premium | Number of<br>Claims | Cause of Loss | Amount Paid | Reserves |
|------------------------|-------------------------|---------|---------------------|---------------|-------------|----------|
|                        |                         |         |                     |               |             |          |
|                        |                         |         |                     |               |             |          |
|                        |                         |         |                     |               |             |          |

5.

| 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 coverage.  
 Named Perils or  Broad Form Deductible Amount \$ \_\_\_\_\_ Limit of Insurance \$ \_\_\_\_\_  
 OPTIONAL COVERAGES (additional premium):  Additional Insured Endorsement (Lessee)  Hired Car Cargo Coverage  
 Earned Freight Extension Limit \_\_\_\_\_  Other \_\_\_\_\_  
 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 because the policy contains an **80% co-insurance clause**.

8. **CARGO FILING INFORMATION**  
 List states for which insured requires CARGO FILINGS (check name on permits) \_\_\_\_\_  
 Is FHWA filing required?  Yes  No Docket Number \_\_\_\_\_

9. **MISCELLANEOUS**

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|--|
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**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**