

ARGENIA, INC.
P. O. BOX 17370
LITTLE ROCK, AR 72222-7370
501-227-96703
FAX: 501-227-8105

CARGO – PHYSICAL DAMAGE RENEWAL QUESTIONNAIRE

Named Insured: _____

Policy No: _____

Renewal Date: _____

1. Complete the following: Have there been any changes – if yes, explain

	Yes	No
(a) Named Insured	___	___
(b) Address of Insured	___	___
(c) Area of Operations	___	___
(d) Maximum radius operated	___	___
(e) No. of vehicles owned	___	___
(f) No. of vehicles leased	___	___
(g) Are all owned & leased vehicles covered under this policy?	___ Yes	___ No
2. If insured is leased out, to whom is he currently leased? _____
3. Do you presently have or are you applying for a permit(s) for transportation of hazardous material and/or radioactive materials?

4. Is there any change in types of commodities hauled? ___ Yes ___ No If yes, explain: _____
5. Is there any change in operations? ___ Yes ___ No If yes, explain: _____
6. Person to contact for inspection (name and phone number): _____
7. Have you ever filed or are you contemplating filing for reorganization or bankruptcy? ___ Yes ___ No If yes, show date (month and year) and explain: _____

8. MUST BE COMPLETED FOR ALL DRIVERS (if not enough space attach list)

Complete Driver's Name	Date of Birth	Driver License No.	State Where Licensed	No. years Previous Commercial Experience	Co. Emp (C) Owner/ Operator (O/O)	No. of Violations Last 5 yrs. (describe)	No. of Accidents Last 3 yrs. (describe)

9. Any accidents or violations in the past twelve (12) months? ___ Yes ___ No If yes, explain: _____

10. Indicate any changes in units or coverages to be made at renewal: _____

REMARKS: _____

The Applicant's representative acknowledges that he/she has advised the Insured and the Insured agrees that if the foregoing statements and answers are materially false, the Company shall have the right to rescind any policy it may issue or any renewal thereof.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Date: _____

Applicant's Representative

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD.....
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

.....Syndicate on behalf of certain
underwriters at Lloyd's

Print Name

Policy Number

Date