

CARGO COVERAGE APPLICATION

I. GENERAL INFORMATION

APPLICANT'S
NAME _____
(exactly as it appears on I.C.C. & state filing)

MAILING
ADDRESS _____

_____ City _____ State _____ Zip Code _____

Telephone (Office) (____) _____ (Home) (____) _____

ADDRESS WHERE VEHICLES
ARE GARAGED _____

- NATIONAL INDEMNITY COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Represented by:

ARGENIA, INC.
PO BOX 17370
LITTLE ROCK, AR 72222-7370

Telephone (501)
Fax (501) 227-8105
 (General Agent)

Insurance is desired from: _____, 19____ To _____, 19____

Business of applicant is: _____ Type of carrier: Contract Common
 and operates as a Corporation Partnership Individual Leased Private

Owner of cargo? _____

Is regular I.C.C. Bill of Lading issued? Yes No If no, attach copy of Bill of Lading used.

Do you lease to another motor carrier when hauling cargo described in this application? Yes No If yes, give name and address of lessee: _____

Is an Additional Insured Endorsement required by lessee? Yes No

Is this a new operation? Yes No

Current management has controlled the business since? _____ (yr.)

Current management has been in this type of business since? _____ (yr.)

Have you ever filed for reorganization or bankruptcy? Yes No If yes, when? _____

Has any company ever cancelled or refused to issue similar insurance? Yes No If yes, explain: _____

Have you purchased cargo insurance in the past 3 years? Yes No

II. PREVIOUS INSURANCE 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

III. VEHICLE INFORMATION											
Applicant desires to schedule: <input type="checkbox"/> Tractors, <input type="checkbox"/> Trucks, <input type="checkbox"/> Trailers/Semi-trailers.											
Model Year	TRUCK	TRACTOR	TRAILER	Trade Name	Body Type		Locked	Serial or I.D. Number	GVW or GCW	Mileage Radius	Limit of Insurance
					Open	Closed					
Total Leased Tractors _____ Trailers _____ Trucks _____ Other _____ Total Owned Tractors _____ Trailers _____ Trucks _____ Other _____											

IV. PROTECTION:
Is each unit equipped with fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are bodies of all Trucks and Trailers completely closed and equipped with snap locks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Trucks equipped with Babaco Alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Describe) _____
Number of men on Trucks _____ Are loaded Trucks ever left unattended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are drivers bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No

V. CARGO DESCRIPTION:								
Cargo	% of hauling	Max. Value	Cargo	% of hauling	Max. Value	Cargo	% of hauling	Max. Value
Alcoholic Liquor	%		Fertilizer	%		Mobile Homes (Single), Modular	%	
Autos (Transporter)	%		Frozen Goods & Iced	%		Mobile Homes (Double)*	%	
Autos (Towing Operator)	%		Furniture	%		Poultry (Live or Iced?)	%	
Beer/Wine	%		Gas, Oil	%		Produce, Fruit	%	
Building Materials (Excluding Lumber)	%		Grains & Cereal	%		Seafood, Shrimp	%	
Canned/Dry (Non-Perishable)	%		Livestock	%		Steel, Steel Products	%	
Chemicals-Bagged or Bulk?	%		Luggage	%		Textiles (Raw)	%	
Clothing	%		Lumber, Paneling	%		Tires	%	
Cotton (Bales)	%		Machinery (Type?)	%		Tobacco Products	%	
Eggs in shells	%		Meat (Pkgd?)	%			%	
Electronics (Type?)	%		Milk	%			%	

* If applicant hauls double wide mobile homes, Limit of Insurance must be equal to the value of both sides combined to satisfy co-insurance.

AVERAGE VALUE PER LOAD? \$ _____ (Amount of insurance on each truck should equal maximum load carried, as policies contain 100% co-insurance clause.) Is Applicant hauling doubles? _____ If so, give maximum value per trailer \$ _____

VI. FILING INFORMATION:			
List states for which insured requires CARGO FILINGS (check name on permits) _____			
Is I.C.C. filing required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	I.C.C. Docket Number _____	Do you hold a broker's license? <input type="checkbox"/> Yes <input type="checkbox"/> No

VII. RADIUS OF OPERATIONS:					
What is the radius of operation? _____					
DO OPERATIONS EXTEND INTO OR THROUGH ANY OF THE FOLLOWING? IF SO, CHECK APPROPRIATE TERRITORY:					
<input type="checkbox"/> Albany	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Nashville	<input type="checkbox"/> Tulsa	
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Washington (State)	
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Dallas	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York (State - Excl. NY City)	<input type="checkbox"/> Youngstown	
<input type="checkbox"/> Birmingham	<input type="checkbox"/> Denver	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oregon	<input type="checkbox"/> _____	
<input type="checkbox"/> Boston	<input type="checkbox"/> Detroit	<input type="checkbox"/> Metro-New York	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> _____	
<input type="checkbox"/> California (Excl. L.A. & S.F.)	<input type="checkbox"/> D.C.	<input type="checkbox"/> Miami	<input type="checkbox"/> San Francisco	<input type="checkbox"/> _____	
<input type="checkbox"/> Chattanooga	<input type="checkbox"/> Houston	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> St. Louis	<input type="checkbox"/> _____	
<input type="checkbox"/> Chicago	<input type="checkbox"/> Jacksonville, Fla.	<input type="checkbox"/> Minneapolis	<input type="checkbox"/> Toronto (Canada)	<input type="checkbox"/> _____	
	<input type="checkbox"/> Jersey City	<input type="checkbox"/> Montreal (Canada)		<input type="checkbox"/> _____	

VIII. DRIVER INFORMATION: (If not enough space show other drivers under miscellaneous.)								
Driver's Name	Date of Birth	Driver's License No.	Social Security No.	State Where Driver's Lic. Obtained	Yrs. Exp. Driving Trucks	Length of Present Employment	*No. of Accidents in Past Three Yrs.	*No. of Moving Traffic Viol. in Past Three Yrs.

* Explain in miscellaneous section below.

IX. GROSS RECEIPTS INFORMATION			
Estimate coming year?	_____	Last year?	_____
Two years ago?	_____	Three years ago?	_____

X. INSURANCE NEEDS - Complete for desired coverages:	
<input type="checkbox"/> Named Perils or <input type="checkbox"/> Broad Form	Deductible Amount \$ _____ <input type="checkbox"/> Tow Truck Amendatory Endorsement
OPTIONAL COVERAGES (Additional Premium):	<input type="checkbox"/> Additional Insured Endorsement (Lessee) <input type="checkbox"/> Loading and Unloading Coverage
	<input type="checkbox"/> Earned Freight Coverage <input type="checkbox"/> Refrigeration Breakdown Coverage <input type="checkbox"/> Hired Car Cargo Coverage
REDUCTION OF COVERAGE (Premium Credit):	<input type="checkbox"/> Exclude Theft Coverage

