



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 From To	Company & Policy Number	Premium	Number of 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**

