

# Adriatic Insurance Company

## MOTOR TRUCK CARGO APPLICATION

Name of Applicant/ Trade Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_

Policy Period \_\_\_\_\_ To \_\_\_\_\_ Years experience hauling cargo? \_\_\_\_\_ Yrs. In Own Business? \_\_\_\_\_

Type Carrier: Private  Common  Contract  Leased

Terminal Location (If different from above) \_\_\_\_\_ Radius of operations from home Terminal \_\_\_\_\_

**Description of Merchandise:** General Freight refers to any freight that is not specifically listed below. Anything listed below is excluded from General Freight and is not covered by this policy unless the specific premium has been charged for it. For a commodity to be covered during transport by this policy, it must be declared below. Also, see the Commodity Definition/ Clarification on page 2 of the Application which is binding upon the insured and must be signed by the insured.

Commodity	%	Value	Commodity	%	Value	Commodity	%	Value
Appliances			Grain/Dry Goods			Plumbing/Hardware		
Automobiles			Gravel, Sand, Mulch			Pipe/Steel		
Auto Parts			Grocery/ Eggs			Poultry		
Bldg. Materials (List Below)			Household Goods Mover			Produce		
Canned Goods			Lumber			Seafood (Packaged & Frozen)		
Cleaning/Janitorial Supplies			Machinery (Complete Below)			Soda/Bottled Water		
Clothing			Meat (Non Swinging)			Toys		
Cotton			Nuts			Wine/Beer		
Containerized Freight			Paper/Plastics			Walmart		
Fertilizers/Pesticides/Chemicals			Petroleum			Target		
Furniture (Retail)			<b>**Blank**</b>			<b>**Blank**</b>		

<b>PARCEL GOODS</b>	<input type="checkbox"/> <b>AMAZON</b>	<input type="checkbox"/> <b>FedEx</b>	<input type="checkbox"/> <b>United Parcel Service (UPS)</b>	<input type="checkbox"/> <b>USPS (Post Office)</b>
<b>Rating for Parcel Goods</b> (Must check Class for Proper Rating and Coverage-See Def. Pg. 2)	<input type="checkbox"/> Class 1 Interstate	<input type="checkbox"/> Class 1 Interstate	<input type="checkbox"/> Class 1 Interstate	<input type="checkbox"/> Class 1 Interstate
	<input type="checkbox"/> Class 2 Home	<input type="checkbox"/> Class 2 Home	<input type="checkbox"/> Class 2 Home	<input type="checkbox"/> Class 2 Home

**BUILDING MATERIALS (SPECIFY):** \_\_\_\_\_

**MACHINERY:** Mandatory That Items are Checked For Coverage Requested as Weight/Size/Capacity Restrictions Apply. Mini refers to class size. No larger class, size or capacity will be covered for any limitation listed:

- ( ) Mini Bobcat      ( ) Mini Front End Loader      ( ) Push & Power Mowers
- ( ) Mini Skid Steer      ( ) Forklift (5,000 lb. lift capacity max, Larger Capacity excluded)      ( ) Power Tools/Hand Tools
- ( ) Mini Excavator      ( ) Generators (100 Kilowatt max or less)

**Average Value Per Load \$** \_\_\_\_\_ **%** \_\_\_\_\_      **Maximum Value Per Load \$** \_\_\_\_\_ **%** \_\_\_\_\_

Amount of coverage requested: (Specify Amount or Circle) \_\_\_\_\_ \$25,000 \$50,000 \$75,000 \$100,000 (max limit)

Name of your previous cargo carrier? \_\_\_\_\_

Have you ever had cargo coverage cancelled, or renewal refused? \_\_\_\_\_ If yes, explain by giving name of company, and reason for cancellation or refusal \_\_\_\_\_

Show Policy Periods For Past Three Years	Date of Loss	Losses By Collision	Losses By Fire	Losses By Theft	Other Cargo Losses
TO					
TO					
TO					

**COMMODITY DEFINITION/CLARIFICATION**

Only items that fall within the below definitions and which are listed and specified on the application will be covered, subject to the following:

**Building Materials:** Items must be listed on application for approval as certain commodities are not underwritten by the Company. The following are examples of items not covered by this policy: Glass, Marble, Iron, Concrete Pipe.

**Clothing:** Clothing defined as apparel, inner or outer wear, their accessories, shoes, belts. Non-Designer only, which is defined as items that are sold or marketed by discount retail outlets, ie Walmart, Target, or other retailers of similar quality goods. Designer product lines are excluded.

**Cotton:** Gin Warranty will apply.

**Grain or Dry Goods:** grocery items (such as sugar, flour, and coffee) that do not contain liquid.

**Grocery/Eggs:** Non-refrigerated food or dry drink products (tea, coffee, etc), canned or packaged, toiletries excluding cosmetics. The word “Grocery” does not imply coverage for items simply because they are sold at grocery stores. Eggs are subject to a \$5,000 limit coverage.

**Machinery:** Restrictions apply per Motor Cargo application. Items not listed will not be covered.

**Meat:** Coverage limited to packaged meat.

**Toys-** Non-electronic items marketed and solely intended for a child. Any and all electronics such as, but not limited to, video games and their accessories are excluded.

**\*\*\*The insured is required to declare if they are hauling shipments for the following or coverage will be limited to declared items only: Walmart or Target, Parcel Goods Class 1 or 2: Amazon, Fed-Ex, UPS, USPS**

Coverage will be provided for items being transported directly and exclusively to or from the following declared and expressly named corporations, but only when they are actually and directly involved in the shipment. See MFC-31 endorsement for specific items that will be included in coverage that otherwise would fall within “NOT UNDERWRITTEN BY THE COMPANY”- Special Theft limitation will apply.

Walmart/Target – Terminal to store delivery. No store to home delivery.

Parcel Goods- Class 1- Interstate- Terminal to terminal delivery. Highest rated class

Parcel Goods- Class 2- Home- Coverage limited to leaving local loading terminal for direct to home delivery only.

Coverage will not apply for Class 2 if delivering from terminal to terminal

**THE FOLLOWING COMMODITIES ARE NOT UNDERWRITTEN BY THE COMPANY AND ARE EXCLUDED FROM COVERAGE:**

Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, airline or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, plants, flowers or trees, live animals, alcoholic beverages (beer & wine excepted), aluminum products, copper products, glass products, cameras, cosmetics, raw baking products, bakery products, candy & confectionery products, tobacco, cigar, cigarette products or other manufactured tobacco products (including e-cigarettes), designer clothing, drugs/ pharmaceuticals, electronics, cell phones, perfume, electronic data processing equipment, furs/fur trimmed articles, cheese & dairy products, guns & ammunition, mattresses, precious metals, non-ferrous metal in scrap and/or ingot form, stone slabs, photographic supplies, radios, sporting goods, televisions & stereos, textiles (other than clothing), fresh seafood, shellfish, swinging meat, tires and their composites, tubes, vitamins, watercraft, all-terrain vehicles, motorcycles, mobile homes, travel trailers, manufactured homes or offices.

**\*\*\*\*\* PLEASE READ CAREFULLY. THIS APPLICATION FORMS A PART OF YOUR POLICY \*\*\*\*\***

I attest that I have disclosed on page 1 of the Motor Truck Cargo Application rev. (03/10/21) all commodities that I will be hauling. I further attest that I have read the Commodity Definitions & Commodities Not Underwritten and Excluded from Coverage. I understand that coverage applies only to the commodities which I have declared in the Description of Merchandise listed on Page 1, and any item that has not been disclosed or any item listed in excluded commodities will not be covered.

In witness thereof,

\_\_\_\_\_  
INSURED DATE

\_\_\_\_\_  
PRODUCING AGENT DATE

**SCHEDULE OF EQUIPMENT**

THIS IS NOT A BINDER

COVERAGE TO BE WRITTEN AS: BROAD FORM OR NAMED PERILS

NO	YEAR MODEL	TRADE NAME DESCRIPTION	VEHICLE IDENTIFICATION NUMBER	STATED AMOUNT	% FACTOR	PREMIUM

SHOW NUMBER OF OWNED UNITS \_\_\_\_\_ LEASED: \_\_\_\_\_  
 IF ANY VEHICLES ARE LEASED, PROVIDE COPY OF LEASE AGREEMENT. \_\_\_\_\_  
 GROSS RECEIPTS PAST YEAR. \_\_\_\_\_ PROJECTED GROSS RECEIPTS \_\_\_\_\_  
 IS ICC FILING REQUIRED? \_\_\_\_\_ ICC DOCKET # \_\_\_\_\_  
 IF STATE FILING REQUIRED - SHOW STATE & PERMIT #'S \_\_\_\_\_  
 LIST ANY ADDITIONAL INSUREDS \_\_\_\_\_

PREMIUM \$ \_\_\_\_\_  
 POLICY FEE \$ \_\_\_\_\_  
 SUB TOTAL \$ \_\_\_\_\_  
 TAX \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

SCHEDULE OF DRIVERS:	YRS. EMPL.	OPERATOR LICENSE NUMBER & STATE	DATE OF BIRTH	DRIVING RECORD LAST THREE YEARS

IS EACH UNIT EQUIPPED WITH FIRE EXTINGUISHERS? YES \_\_\_ NO \_\_\_ - BABACO ALARMS YES \_\_\_ NO \_\_\_  
 ARE TRUCKS / TRAILERS CLOSED & EQUIPPED WITH SNAP LOCKS? YES \_\_\_ NO \_\_\_ NUMBER OF MEN ON TRUCKS \_\_\_  
 ARE LOADED TRUCKS EVER LEFT UNATTENDED? YES \_\_\_ NO \_\_\_ ARE DRIVERS BONDED YES \_\_\_ NO \_\_\_

INDICATE WHETHER THE FOLLOWING COVERAGES ARE REQUIRED: SHOW AMOUNT OR LIMIT  
 A DEDUCTIBLE CLAUSE AMOUNT \_\_\_\_\_ E REFRIGERATION BREAKDOWN \_\_\_\_\_  
 B EARNED FREIGHT CLAUSE \_\_\_\_\_ F TOW BUYBACK \_\_\_\_\_  
 C THEFT CLAUSE \_\_\_\_\_  
 D LOCKED TRUCK WARRANTY \_\_\_\_\_

This application shall not be binding unless and until a policy is issued and payment made and then only as of the inception date of said policy and in accordance with all terms hereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured. This application forms part of the policy.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect. Coverage only applies to scheduled vehicles.

\_\_\_\_\_  
 Insured's Signature Date

I hereby certify that after diligent effort I have been unable to procure the insurance applied for above from authorized insurers.

Producer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 BY: \_\_\_\_\_ Date: \_\_\_\_\_