



MOTOR TRUCK CARGO APPLICATION

1. First Named Insured _____

2. Mailing Address _____
Street City County State ZIP Code

3. Effective Date Desired _____ Term Desired _____

4. PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS
Table with 6 columns: Year, Carrier/Policy Number/Premium, Coverage, Losses, Amount, Description of Losses. Includes Missouri Applicants note and cancellation question.

5. Principal Garaging Address _____

6. [] Named Causes of Loss [] Named Causes of Loss Including Theft [] Special Form

7. Deductible: [] \$250 [] \$500 [] \$1,000 [] Other _____

8. Limits of Liability Desired:
\$ _____ on any one cargo carrying-vehicle or any combination thereof operating in tandem.
Catastrophe Limit: \$ _____ any one loss, disaster, or casualty, whether loaded or unloaded.

9. Owners Interest or Legal Liability Coverage? [] Yes [] No

10. Commodities Transported and Percentage of Receipts from each _____

11. Radius: [] Local (0 - 300) [] Long Haul (Over 300) (If Long Haul, radius in miles) _____

12. FILING INFORMATION
Do you have Interstate Commerce Commission Authority? [] Yes [] No
If yes, Docket Number _____
Are State Filings required? [] Yes [] No If yes, list all states where filings are needed _____

13. Metropolitan cities which Insured will travel through _____

