

CAROLINA CASUALTY INSURANCE COMPANY
P.O. BOX 2575 JACKSONVILLE, FLORIDA 32203 AREA 907-363-0900

CARGO APPLICATION

1. Term: Effective from ____ / ____ / ____ to ____ / ____ / ____
2. Name _____ SSN or FEIN _____
(Exactly as it appears on I.C.C. & State Filings)
3. Address _____
4. Property hauled is Owned Property of Others
5. Do you use any leased operators whose equipment is not shown in the schedule? Yes No
6. If Yes, explain _____
7. Do you own any equipment not shown on the schedule? Yes No
8. If Yes, explain _____
9. ATTACH LIST OF MILEAGE BY STATE FOR LAST FOUR QUARTERS (Such as Schedule B Pro-Rata Mileage Sheet)
Radius of Operation: 0 – 200 Miles 200 – 500 Miles Over 500 Miles
List largest cities into which insured operates _____
10. TYPE OF PROPERTY HAULED: Avoid such terms as "general merchandise." State approximate percentage of maximum load value. (100% co-insurance applies. Be certain amount of insurance equals maximum load value.)

PROPERTY	%	VALUES		PROPERTY	%	VALUES		PROPERTY	%	VALUES	
		AVG	MAX			AVG	MAX			AVG	MAX
Alcoholic Liquors (Wines & Beer)				Fruit & Produce				Oilfield Equipment			
				Frozen & Iced				Paper Products			
Appliances				Furniture (mfgd.)				Pipe, Steel, PVC			
Auto Haulers				Gas, Oil, Bulk				Poultry (live)			
Auto Parts				Grain, Rice, Soy				Poultry (refrigerated &/or dressed)			
Boats (make)				Livestock, Sheep,				Seafood (general)			
Building Materials				Hogs				Shrimp, crabs,			
Candy				Lumber, Ply. Panel				Oysters, Scallops			
Canned Goods				Merchandise (gen.)				Steel, Iron			
Chemicals				Machinery				Steel Products			
Clothing (mfgd.)				Meat-packaged or swinging				Textile (cloth)			
Cotton (baled)				Milk, Cream				Tires-new &/or used			
Eggs (shell)				Mobile Homes(sngl.)				Tobacco (hogshead)			
Electronic Goods				Mobile Homes(dble.)				Tobacco (leaf)			
Farm Products (Non-perishable)				Nuts-domestic				Tobacco Products			
Fertilizers				Nuts-imported				Toys			
Containerized Freight											

MAX VALUE PER LOAD \$ _____

Do you have shippers requiring higher limits than maximum cargo values indicated above?

Explain _____

11. SCHEDULE (or attach separate list)

Total Leased Tractors _____ Trailers _____ Trucks _____ Other _____
 Total Owned Tractors _____ Trailers _____ Trucks _____ Other _____

Year Model	Manufacturer	Vehicle Type	Vehicle Identification No.	Tonnage	Mileage Radius	Amount of Cargo Insurance

VEHICLE TYPE (See Vehicle Type below for Trucks, Tractors and Trailers)

TRACTORS	TRUCKS	SEMI-TRAILERS	FULL-TRAILERS
Cabover	Flatbed	Dry Van	Dry Van
Conventional	Straight Truck	Refrigerated	Refrigerated
	Delivery/Step Van	Soft Side	Soft Side
	Dump Truck	Livestock	Livestock
	Pickup	Flatbed	Flatbed
	Garbage Truck	Pole/Logging	Pole/Logging
	Cement Truck	Tanker	Tanker
	Reefer Truck	Car carrier	Car Carrier
		Bulk Commodity	Bulk commodity
		Dollies	Dollies
		unidentified	unidentified

12. PROTECTION

Is each unit equipped with fire extinguishers? Yes No
 Are bodies of all trucks and trailers completely closed and equipped with snap locks? Yes No
 Are trucks equipped with alarms? Yes No If yes, please describe _____
 Number of persons on trucks _____. Are loaded trucks ever left unattended? Yes No

13. CHECK COVERAGE DESIRED: DEDUCTIBLES: \$ _____

_____ Cargo Liability Coverage Form	<u>OPTIONAL</u>
_____ Basic Cargo Coverage	_____ Livestock Straying Coverage
<u>Additional Coverages:</u>	_____ Theft Limitation
_____ Earned Freight	_____ Theft Amendment (Cargo Liability Coverage Form)
_____ Collision of Property	
_____ Loading and Unloading	
_____ Refrigeration Breakdown	
_____ Strikes, Riots, Civil Commotion, Vandalism and Malicious Mischief	
_____ Theft	
_____ Containerized Freight Equipment	
Limit \$ _____	Deductible \$ _____

IF TERMINAL COVERAGE IS DESIRED, COMPLETE THE FOLLOWING OR ATTACH LIST.

Location-Address	Building Construction	Security	Limit	Deductible

THE COVERAGES REQUESTED IN THIS APPLICATION ARE SUBJECT TO A MINIMUM EARNED PREMIUM OR BINDER PREMIUM OF \$250.00.

14. FILING INFORMATION

List states for which insured has CARGO PERMITS (Check name on permits) _____

Is ICC Filing required? _____ ICC Docket Number _____

15. PREVIOUS INSURANCE EXPERIENCE - MUST BE COMPLETED:

Coverage	Policy Year	Carrier	Policy Number	Premiums	Paid Losses	Reserves	No. of Claims	Type of Claim
Cargo	_____ to _____ _____ to _____ _____ to _____							

16. DRIVER INFORMATION FC ALL CURRENT DI VERS (Attach separate sheet if necessary)

Driver's Name (As on Driver's License)	Date Of Birth	Drivers License No. and State Where Licensed	Years Licensed	Years Driving Similar Vehicle	Date of Hire	No. of Accidents, Convictions and Violations in Last Three Years	
						Accidents	Convictions/Violations

COVERAGE HAS NOT COMMENCED. You, or your agent, may commence coverage only by requesting a licensed general agent of Carolina Casualty Insurance Company to bind coverage. A binder of insurance will be issued by our licensed general agent specifying the date and time coverage will become effective, but in no event shall coverage become effective prior to the date and time you, or your agent, contact a licensed general agent of Carolina Casualty Insurance Company and coverage is bound by him or her.

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OR A CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF INSURANCE FRAUD.

I hereby represent that the information above is true.

DATE APPLICATION
COMPLETED _____

APPLICANT'S
SIGNATURE _____

LICENSED AGENT
OF THE COMPANY _____
NAME AND ADDRESS
OF PRODUCER _____
PRODUCER FEDERAL ID # _____
PHONE NUMBER _____