



EASTERN ATLANTIC INSURANCE COMPANY

CARGO APPLICATION

I. GENERAL INFORMATION

APPLICANT'S NAME: _____
(exactly as it appears on F.M.C.S.A. & state filing)

MAILING ADDRESS: _____
City State Zip Code

Telephone: (office)_() _____ (home)_() _____ E-Mail _____

ADDRESS WHERE VEHICLES ARE GARAGED: _____

Insurance is desired from: _____, 20 _____ To _____, 20 _____

Business of applicant is: _____ Type of carrier: Contract Common

And operates as a Corporation Partnership Individual Leased Private

Owner of cargo? Yes No Is regular F.M.C.S.A. Bill of Landing issued: Yes No If no, attach copy of Bill of Landing used.

Do you lease to another motor carrier when hauling cargo described in this application? Yes No

If yes, give name and address of leasee: _____

Does leasee require an Additional Insured Endorsement? Yes No Is this a new operation? Yes No

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

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

Has cargo insurance been canceled, nonrenewed or rejected in the past 3 years? Yes No If yes, give details. _____

II. PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE (list for the past three years with the most recent carrier first)

Policy Term From To	Company & Policy Number	Premium	Number of Claims	Cause of Loss	Amount Paid	Reserves

III. VEHICLE INFORMATION –Attach a separate list for nine or more power units.

Applicant desires to schedule: Tractors or Trucks (NON-POWER UNITS MAY NOT BE SCHEDULED)

Description (Year, Model and Trade Name)	Body Type (Open/Closed)	Locked Y or N	Factory or Motor Number	Type of Body & Tonnage	Mileage Radius

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

IV. PROTECTION:

Is each unit equipped with fire extinguishers? Yes No
 Are bodies of all units completely closed and equipped with snap locks? Yes No

Are Trucks equipped with Alarms? Yes No If yes, (Describe) _____
 Are any vehicles equipped with G.P.S. systems? Yes No If yes, lists these units _____

Number of men on Trucks _____ Are loaded Trucks left unattended? Yes No Are drivers bonded? Yes 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)	%	
Autos (Transporter)	%		Frozen Goods & Ice	%		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 perish)	%		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 (Packaged?)	%		Other (list below)		
Electronics (Type?)	%		Milk	%			%	

* If applicant hauls double trailers, Limit of Insurance must be equal to the value of both trailers combined.
 AVERAGE VALUE PER LOAD \$ _____ (100% co-insurance clause applies.)

VI. FILING INFORMATION:

List states for which insured requires CARGO FILINGS (check name on permits) _____
 Is F.M.C.S.A. filing required Yes No F.M.C.S.A. Docket # _____ D.O.T. # _____ Do you hold broker's License? Yes No

VII. AREAS OF OPERATIONS:

<input type="checkbox"/> Albany	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Jersey City	<input type="checkbox"/> Minneapolis	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Atlantic	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Montreal (Canada)	<input type="checkbox"/> St. Louis
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Dallas	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nashville	<input type="checkbox"/> Toronto (Canada)
<input type="checkbox"/> Birmingham	<input type="checkbox"/> Denver	<input type="checkbox"/> Louisville	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Boston	<input type="checkbox"/> Detroit	<input type="checkbox"/> Memphis	<input type="checkbox"/> New York (State-Excl. NY City)	<input type="checkbox"/> Washington (State)
<input type="checkbox"/> California (Excl. LA & SF)	<input type="checkbox"/> D.C.	<input type="checkbox"/> Metro-New York	<input type="checkbox"/> Oregon	<input type="checkbox"/> Youngstown
<input type="checkbox"/> Chattanooga	<input type="checkbox"/> Houston	<input type="checkbox"/> Miami	<input type="checkbox"/> Philadelphia	<input type="checkbox"/>
<input type="checkbox"/> Chicago	<input type="checkbox"/> Jacksonville, FL	<input type="checkbox"/> Milwaukee		Other _____

VIII. DRIVER INFORMATION: (If not enough space, show other drivers under miscellaneous.)

Driver' Name	Date of Birth	Driver's License Number	Social Security #	State where Driver's Lic. Obtained	Yrs. Exp. Driving Trucks	Length of Present Employment	*Number Accidents in Past 3 yrs.	*Number Moving Viol. Past 3 years

*Explain in miscellaneous section.

IX. GROSS RECEIPTS INFORMATION

Estimate coming year? _____ Last year? _____ Two years ago? _____ Three year ago? _____

X. INSURANCE NEEDS – Complete for desired coverage:

Named Perils Broad Form Deductible Amount \$ _____ Include Refrigeration Breakdown (\$2500 minimum deductible)

