

CAROLINA CASUALTY INSURANCE COMPANY
P.O. BOX 2575 JACKSONVILLE, FLORIDA 32203
(904) 363-0900 (800) 874-8053 FAX (904) 363-8093

CARGO APPLICATION

1. Term: Effective from _____ to _____
2. Name _____ SSN or FEIN _____
(Exactly as it appears on FHWA (formerly I.C.C.) & State Filings)
- Telephone No. (Include Area Code) _____ Employee Contact Name _____
3. Address _____
4. Years in Business _____
5. Property hauled is Owned Property of Others
6. Do you use any leased operators whose equipment is not shown in the schedule? Yes No
If yes, explain _____
7. Do you own any equipment not shown on the schedule? Yes No
If yes, explain _____
8. ATTACH LIST OF MILEAGE BY STATE FOR LAST FOUR QUARTERS (Such as Schedule B Pro-Rata Mileage Sheet)
Radius of Operation: 0 – 50 Miles 51 – 200 Miles 201 – 500 Miles Over 500 Miles
List largest cities in which insured operates _____
9. 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, Hogs				Seafood (general)			
Building Materials				Lumber, Ply, Panel				Shrimp, Crabs, Oysters, Scallops			
Candy				Merchandise (gen.)				Steel, Iron			
Canned Goods				Machinery				Steel Products			
Chemicals				Meat-packaged or Swinging				Textile (cloth)			
Clothing (mfgd.)				Milk, Cream				Tires-new &/or used			
Cotton (bailed)				Mobile Homes (sngl.)				Tobacco (hogshead)			
Eggs (shell)				Mobile Homes (dbl.)				Tobacco (leaf)			
Electronic Goods				Nuts-domestic				Tobacco Products			
Farm Products (Non-perishable)				Nuts-imported				Toys			
Fertilizers											
Containerized Freight											

MAX VALUE PER LOAD \$ _____

Do you haul any hazardous, flammable, explosive, corrosive or chemical materials? Yes No
If yes, please give name, class, and number of loads per week: _____
Do you have shippers requiring higher limits than maximum cargo values indicated above?
Explain: _____

10. SCHEDULE (or attach separate list)

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

Year Model	Manufacturer	Vehicle Type <small>*See Below</small>	17 Digit VIN	Mileage Radius	Amount of Cargo Insurance

*** VEHICLE TYPE**

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

11. PROTECTION

Number of persons on trucks _____
 Are loaded trucks ever left unattended for more than one hour? Yes No
 If yes, explain _____

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 _____

12. CHECK COVERAGE DESIRED: DEDUCTIBLES: \$ _____

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

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.

13. FILING INFORMATION

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

Is FHWA (previously ICC/DOT) filing required? _____

Docket Number _____

14. PREVIOUS INSURANCE EXPERIENCE – MUST BE COMPLETED:

Cover-age	Policy Year	Carrier	Policy Number	Premiums	Paid Losses	Reserve s	No. of Claims	Type of Claim
Cargo	to							
	to							
	to							

15. DRIVER INFORMATION FOR ALL CURRENT DRIVERS (Attach separate sheet if necessary.)

Driver's Name (As on Driver's License)	Date Of Birth	Driver's 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

APPLICANT

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.

PRIVACY NOTIFICATION: A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED TO AFFILIATED AND NON-AFFILIATED COMPANIES FOR NON-INSURANCE MARKETING PURPOSES, UNLESS YOU WRITE TO US AT THE ADDRESS PROVIDED WITH YOUR POLICY AND DIRECT US NOT TO MAKE SUCH DISCLOSURE.

YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, PLEASE WRITE TO US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

APPLICANT AGREES to furnish, promptly, driver data for every driver engaged during the policy period. Applicant, Agent or Broker understand and agree that no flat cancellation will be allowed. Agent and/or Broker guarantee payment of earned premium to final termination date of policy or of any filing made by the company on behalf of the Applicant.

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.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR REWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO FLORIDA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICANT CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

Applicant's Signature

Date Application Completed

BROKERING AGENT'S REGISTER # _____

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is Bound effective _____ (time) _____ (date) Not Bound

Binder must be approved by Authorized Licensed Representative of Carolina Casualty Insurance Company.

Signature of Producing Agent _____

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

MUST BE SIGNED BY APPLICANTS:

I hereby authorize Carolina Casualty Insurance Company and/or the Producing Agent to obtain from the proper authority a copy of my Motor Vehicle Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I hereby represent that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting. **I have read this application and all of the responses are mine and not supplied by the producer, agent or company.**

I hereby represent that the information above is true.

Date Application Completed _____	Name & Address of Producer _____
Applicant's Signature _____	Producer Federal ID# _____
Licensed Agent of the Company _____	Producer Phone Number _____
Licensed Agent ID# _____	Producer Signature _____