

ALLSTAR UNDERWRITERS, INC

MOTOR TRUCK CARGO APPLICATION

Name of Applicant _____

Address _____

_____ Zip _____ Phone _____

Policy Period _____ To _____ Radius of operations from home terminal _____

Years experience in this Business? _____ Type Carrier: Private Common Contract Leased

Terminal Locations _____

Type of merchandise hauled: do not use the term "General Merchandise." If more than one commodity is carried give percentages of load values: Load values must be accurately stated as co-insurance applies.

Commodity	Percent of Load	Value	Commodity	Percent of Load	Value	Commodity	Percent of Load	Value
Appliances			Electronics			Oil Field Equip.		
Automobiles			Explosives			Paper		
Auto Parts			Fertilizers			Petroleum		
Boats			Furniture			Pipe		
Building Materials			Grain			Poultry		
Candy			Livestock			Produce		
Canned Goods			Liquors			Seafood		
Carpets			Lumber			Steel		
Chemicals			Machinery			Textile		
Clothing			Meat			Tires		
Cotton			Milk & Cream			Tobacco		
Containers			Mobile Homes			Other		
Eggs			Nuts					

The following interests are *excluded* under the basic policy form, but can normally be covered at an additional premium if requested. Please circle any you wish to be covered, and include details of such exposures above: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and/or other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, alcohol, beer, wine, garments (defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like), seafood unless canned, and electronics (defined as : all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, HI-FIs, CD players, and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are not considered to be electronics.

LIMIT DESIRED PER TRUCK _____ Avg Value Per Load \$ _____ % _____ Max Value Per Load \$ _____ % _____

For Operations that extend through these cities, check the appropriate block.

- | | | | | |
|--------------------------------------|---|--|--|-------------------------------------|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Nashville | <input type="checkbox"/> Toronto |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Dallas | <input type="checkbox"/> Los Angeles * | <input type="checkbox"/> Newark * | <input type="checkbox"/> Tulsa |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Denver | <input type="checkbox"/> Louisville | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Birmingham | <input type="checkbox"/> Detroit | <input type="checkbox"/> Memphis | <input type="checkbox"/> New York * | <input type="checkbox"/> Youngstown |
| <input type="checkbox"/> Boston | <input type="checkbox"/> D.C. | <input type="checkbox"/> Miami * | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Others |
| <input type="checkbox"/> Chattanooga | <input type="checkbox"/> Houston * | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Portland | |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Jacksonville, Fl | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> San Francisco * | |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Jersey City * | <input type="checkbox"/> Montreal | <input type="checkbox"/> St. Louis | |

***COMPANY APPROVAL MANDATORY**



PREVIOUS COMPANY AND LOSS EXPERIENCE

Name of your cargo carrier for the past 3 years? _____

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

<i>Show Policy Periods For Past 3 Years From To</i>	<i>Date Of Loss</i>	<i>Losses By Collision</i>	<i>Losses By Fire</i>	<i>Losses By Theft</i>	<i>Cargo Losses</i>
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

SCHEDULE OF EQUIPMENT

<i>No.</i>	<i>Year Model</i>	<i>Trade Name-Description Trailer-Full Or Semi - Refrigerated Unit**</i>	<i>Serial Number</i>	<i>Percent Factor</i>	<i>Premium</i>

**refrigerated units list separately from trailer giving serial number.

Show number of owned units _____ Leased units _____

If any vehicles are leased, provide a copy of the lease agreement

Gross receipts for past year _____ Projected gross receipts _____

ICC Filing required? _____ ICC Docket # _____

If State filing required, show state & permit #s _____

Premiums \$ _____
Policy Fee \$ _____
Other \$ _____
Tax \$ _____
Total \$ _____

<i>Schedule Of Drivers</i>	<i>Years Employed</i>	<i>Driver's License Number</i>	<i>Date Of Birth</i>	<i>Driving Record Last Three Years</i>

Is Each Unit Equipped With Fire Extinguishers? Yes No Babaco Alarms? Yes No
 Are Trucks/Trailers Closed & Equipped With Snap Locks? Yes No Are drivers Bonded? Yes No
 Are Loaded Trucks Ever Left Unattended? Yes No Number of men on trucks? _____

Indicate whether the following Additional Coverages are required: Show Amount or Limit

Desired Deductible Amount _____ Debris Removal - \$2,500 is included
 Theft Clause Yes No (Truck must be attended) Locked Truck Warranty – Mandatory for all cargo risks
 Coverage for electronics, garments, tobacco, alcohol Yes No Refrigeration Breakdown Clause Yes No (\$2,500 minimum deductible will apply)
 Earned Freight Clause Yes No Limit _____ (\$2,500 Max) Other _____

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 thereof. Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar same as known to the Applicant; and the same are hereby made the basis and condition of the insurance, and a warranty on the part of the Applicant. 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.

Applicants Signature _____ Date _____

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

Producer's Name: _____ Address: _____

By: _____ Date _____