

ROSS & COMPANY



CARGO SUPPLEMENTAL APPLICATION

1. Named Insured: _____

2. HQ Address: _____

3. Requested Effective Date: _____

4. Years in Business: _____

5. Number of Power Units: _____

6. Gross Annual Receipts: (Current Year) _____

7. Gross Annual Receipts: (3 Years Prior) _____

8. Receipts Breakdown:

Transportation: \$ _____ Storage: \$ _____

Records Storage: \$ _____

9. Do you regularly transport property other than household goods? Y___ N___

If yes, describe product: _____

10. Do you operate as a contract carrier, property broker or freight forwarder? Y___ N___

11. Describe regular routes and average/maximum distances: _____

Please attach copies of the following:

1. Bill(s) of lading
2. Warehouse receipts
3. Copies of Contracts which increase your liability of statutory HHG and/or general commodities.

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SECTION A - INSURED'S LEGAL LIABILITY AS A WAREHOUSEMAN

	Limit Requested	Limit Requested	Limit Requested	Limit Requested	
Address	HHG	Gov. "Non-Temp" Storage	General Merchandise	EDP Equipment	Deductible
1	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$

If you provide storage for valuable papers and records, please send a copy of your receipt.

Note locations where you provide storage for valuable papers and the limits required, attach sheet if necessary.

Address	Limit
1	\$

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SECTION B – INSURED’S LEGAL LIABILITY AS A CARRIER

BILL OF LADING COVERAGE ONLY

LIMITS OF LIABILITY DESIRED

\$ _____ in or on any motor truck – HHG

\$ _____ other than in or on any motor truck – HHG

\$ _____ any one occurrence

\$ _____ in or on any motor truck – Electronics

\$ _____ storage in transit (in warehouses or in vehicles)

Deductible Requested \$ _____

SECTION C – INSURED’S UNCOLLECTIBLE CHARGES

LIMITS OF LIABILITY DESIRED

\$ _____ Accrued charges due from any one customer

\$ _____ Accrued charges due to any one loss, disaster or casualty

SECTION D – CERTIFICATES OF INSURANCE

The limit for each warehouse should be higher than the total limit of certificates in force for any one month. Add sheets if necessary.

Address	Limits of Liability
1	\$
2	\$

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SECTION E – MOVING EQUIPMENT

LIMITS OF LIABILITY DESIRED

On pads, dollies, burlap, skids, wardrobes, barrels, cartons, pallets, and other similar storage containers, handtrucks and other similar moving equipment. Please attach a list of any loss payees on specific items or equipment and describe items, with serial number.

\$ _____

On lift trucks and other similar self-propelled non-licensed vehicles

\$ _____

Does this limit include forklifts? Y____ N____

Should forklifts be covered under this policy? Y____ N____

Deductible Requested \$ _____ ACV ____ RC ____

Completed by:

Title

Date

Title

Date

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Revenue Breakdown

Hauling Revenue:

Own Authority: \$
Van Line Authority: \$

Storage Revenue:

Own Authority: \$
Van Line Authority: \$
Records Storage: \$

Intrastate / Interstate information is as follows:

Percentage of Local Moves out of 100%:	%
Percentage of Interstate Moves out of 100%:	%
Percentage of Local Moves under own Authority:	%
Percentage of Local Moves under Van Line Authority:	%
Percentage of Interstate Moves under own Authority:	%
Percentage of Interstate Moves under Van Line Authority:	%

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Goods Transported / Stored

Transportation

Percentage of Household Goods	%
Percentage of Office	%
Percentage of Electronics	%

Storage

HHG – Used	%
HHG – New	%
Office Furniture	%
Business Records	%
Electronics	%
Military / Government (Non-Temp)	%

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