

EASTERN ATLANTIC INSURANCE COMPANY

CARGO APPLICATION - SUPPLEMENT

(ATTACHED TO & FORMING PART OF THE MAIN APPLICATION)

PRODUCER INFORMATION: (See Main App.)

DATE OF CARGO APPLICATION: _____

APPLICANT & GENERAL INFORMATION: (See Main App.)

DESCRIPTION OF GOODS HAULED & RELATED QUESTIONS:

1. Complete the following table:

Description of Commodities	Percent of Total Loads	Maximum Value	Average Value	Oversize, Overweight	Condition of Freight or Special Circumstances:
	%	\$	\$	Yes: No:	Yes No Temp Controlled? Escort Required? Time Sensitive?
	%	\$	\$	Yes: No:	Yes No Temp Controlled? Escort Required? Time Sensitive?
	%	\$	\$	Yes: No:	Yes No Temp Controlled? Escort Required? Time Sensitive?
	%	\$	\$	Yes: No:	Yes No Temp Controlled? Escort Required? Time Sensitive?
	%	\$	\$	Yes: No:	Yes No Temp Controlled? Escort Required? Time Sensitive?
	%	\$	\$	Yes: No:	Yes No Temp Controlled? Escort Required? Time Sensitive?
	%	\$	\$	Yes: No:	Yes No Temp Controlled? Escort Required? Time Sensitive?
	%	\$	\$	Yes: No:	Yes No Temp Controlled? Escort Required? Time Sensitive?

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	%	\$	\$	Yes: No:	Temp Controlled? Yes No Escort Required? Time Sensitive?
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2. Are power units and/or trailers equipped with an alarm system? _____ If yes, describe: _____
3. Are power units and/or trailers equipped with a tracking system? _____ If yes, describe: _____
4. Are loaded trailers left unhooked for 12 hours or more? _____ If yes, complete Unhooked Supplement.
5. Are loaded power units left unattended for 12 hours or more? _____ If yes, explain: _____
6. Do any commodities require placards? _____ If yes, explain: _____
7. Do you haul containerized freight? _____ If yes:
 - a. Percent of total loads: _____
 - b. From a seaport? _____ If yes, which one? _____
 - c. From a rail yard? _____ If yes, what city? _____
8. Is regular DOT bill of lading used? _____ If not, attach a copy of the form you use.

FILINGS, PERMITS: (supplement to question 6 on page 1 of Main App.)

9. List any states where you are required to file a Form H:
 - a. _____
 - b. _____
10. Does your legal name appearing on any of these forms differ in any way from the legal name you provided under the "GENERAL INFORMATION" section of the Main App.? _____ If yes:
 - a. Identify each form and list the way your legal name appears on each below:
 - i. _____
 - ii. _____

ADDITIONAL INSURED, CERTIFICATES OF INSURANCE: (List ONLY those differing from Main App.)

11. List all additional insureds on your cargo policy: (Attach a separate sheet if necessary)
 - a. Name: _____
 - i. Mailing address: _____
 - ii. Describe your relationship: _____
 - b. Name: _____
 - i. Mailing address: _____
 - ii. Describe your relationship: _____
12. List active cargo certificate holders: (Attach a separate sheet if necessary)
 - a. Name: _____ Address: _____
 - b. Name: _____ Address: _____
 - c. Name: _____ Address: _____
13. Do additional insureds or certificate holders require special coverage or language on certificates of insurance? _____ If yes:
 - a. Provide copies of all such requests.
 - i. Examples: special limits; contingent cargo coverage, etc.
 - ii. NOTE: Eastern Atlantic does not guarantee these will be provided.

PREVIOUS CARGO INSURANCE & QUOTE HISTORY: (Attach a separate sheet if necessary)

14. In the last five (5) years has any cargo policy issued to you been:
 - a. Cancelled for non-payment of premium? _____ If yes, when? _____
 - b. Cancelled for underwriting reasons? _____ If yes, when? _____
 - i. State the reason: _____
 - c. Non-renewed? _____ If yes, when? _____
 - i. State the reason: _____

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15. In the last five (5) years has any request by you for any cargo quote been:

- a. Declined? _____ If yes, when? _____
 - i. State the Reason _____
- b. Refused? _____ If yes, when? _____
 - i. State the Reason: _____
- c. Withdrawn? _____ If yes, when? _____
 - i. State the Reason: _____

LOSS HISTORY: (Provide three years – do NOT leave blank spaces – attach current company loss runs* if available)

Policy Period		Prior Insurance Carrier	No. of Pwr Units	No. of Claims	Cargo Loss Experience		
From	To				Loss Description	Less Salvage & Subro. (If Any)	Total Incurred

(Attach a separate sheet providing details on any loss with a total incurred amount greater than \$25,000.)

(* NOTE: Current company loss runs must be provided within 30 days of binding should an offer of coverage be made. The company reserves its right to cancel the policy – within the time permitted by the state for new policies - if the loss runs differ substantially from the loss information provided above.)

COVERAGES & LIMITS OF LIABILITY:

16. List desired coverages, limits & applicable deductible by completing the following table.

- a. If limits greater than \$100,000; complete special limit section. (Maximum: \$250,000*)

Coverages (Check All That Apply)	Limits of Liability (\$100,000 Standard)		Deductibles
	Special Limit*	Required by:	
<input type="checkbox"/> Broad Form <input type="checkbox"/> Owners Broad Form <input type="checkbox"/> Reefer Breakdown <input type="checkbox"/> **On-hook Coverage <input type="checkbox"/> Contingent Cargo <input type="checkbox"/> Waive Coinsurance <input type="checkbox"/> Unhooked Trailers <input type="checkbox"/> Prop. at Terminals			\$500: _____ \$1,000: _____ \$2,500: _____ Other*: _____ Reefer - \$2,500: _____ **On-hook - \$5,000: _____

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Hired Cargo: _____ ***Loss Payee: _____			
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*= Requires prior EAIC underwriting approval. **= \$50,000 Standard Limit – More, subject to prior approval

17. ***List loss payee(s): _____

a. Address(s): _____

AUTHORIZING SIGNATURES:

18. The Applicant hereby attests that she/he has read and completed all relevant sections of this Cargo Supplement prior to signing and that the Applicant has personally signed below or, if Applicant is a Corporation, Limited Liability Company or partnership, a corporate officer, member or senior partner, has signed below.
19. The Applicant further attests that she/he understands that this Cargo Application Supplement is attached to and forms part of the Main Application; that by signing both documents the Applicant affirms that all information provided herein is true and correct and that all sections, including the "STATE FRAUD STATEMENTS", the "ADDITIONAL UNDERWRITING INFORMATION REQUIRED" and the "PURPOSE, DISCLAIMERS and AUTHORIZING SIGNATURES" sections, of the Main Application apply when signing below.

Representative's Signature

Applicant's Signature

(Month/Day/Year)

Print Representative's Name

Print Applicant's Name

Print Applicant's Title