

CENTURY SURETY GROUP

MOTOR TRUCK CARGO SUPPLEMENT

INSURED INFORMATION

OWNER

Name:	Policy Number:	Date:
Address:	Contact:	Title:
Phone #: () -	City:	State: Zip:
Policy Period: To	Client:	Ins. Carrier:
	Inspector:	

OPERATIONS

Insured transports the following:

Appliances Beer/Liquor Cameras Cigarettes Clothing
 Drugs Furs Meat/Seafood Metals Other: _____

Insured's Current Annual Sales Estimate:

\$ _____ (OR INSURED WOULD NOT PROVIDE)

Insured's areas of operation include: **(PROVIDE AREAS OF OPERATIONS)**

Insured's routes traveled included: **(PROVIDE CITIES, STATES AND MAJOR ROUTES)**

Insured **(DOES OR DOES NOT?)** backhaul.

CARGO

Insured's cargo **(IS OR IS NOT?)** perishable.

Special packaging **(IS OR IS NOT?)** required.

Cargo **(DOES OR DOES NOT?)** require refrigeration.

Refrigeration units **(ARE OR ARE NOT?)** adequately maintained.

Cargo transported **(IS OR IS NOT?)** susceptible to water damage.

Cargo transported **(IS OR IS NOT?)** susceptible to corrosion.

Compressed gases **(ARE OR ARE NOT?)** transported.

Corrosives **(ARE OR ARE NOT?)** transported.

Explosives **(ARE OR ARE NOT?)** transported.

Flammables **(ARE OR ARE NOT?)** transported.

Oxidizing materials **(ARE OR ARE NOT?)** transported.

Poisons **(ARE OR ARE NOT?)** transported.

Special instructions **(ARE OR ARE NOT?)** provided for handling of hazardous materials.

Insured **(DOES OR DOES NOT?)** comply with D.O.T. placarding regulations.

Special equipment **(IS OR IS NOT?)** required for loading or unloading.

Cargo **(IS OR IS NOT?)** checked while in transit.

Insured's overages, shortages, damages and inventory controls include:
(DESCRIBE CONTROL MEASURES)

VEHICLE SECURITY

Vehicles *(ARE OR ARE NOT?)* equipped with alarms. *(WHAT TYPE OF ALARM SYSTEM?)*
King pin locks *(ARE OR ARE NOT?)* used.
Drivers *(ARE OR ARE NOT?)* permitted to park loaded units away from warehouse/terminal.
Procedures for overnight stays include *(DESCRIBE PROCEDURES)*

WAREHOUSE/TERMINAL SECURITY *(NOT APPLICABLE?)*

The warehouse/terminal area *(IS OR IS NOT?)* fenced.
Fence openings *(ARE OR ARE NOT?)* controlled.
Parking of vehicles in fenced area *(APPEARS OR DOES NOT APPEAR?)* to be adequately controlled.
Security personnel *(IS OR IS NOT?)* provided.
Exterior lighting *(APPEARS OR DOES NOT APPEAR?)* to be adequate.

WAREHOUSE/TERMINAL *(NOT APPLICABLE?)*

Warehouse/terminals are located at . *(PROVIDE ADDRESSES)*
Warehouse/terminals construction is
 1 - Frame 2 - Joisted Masonry 3 - Noncombustible
 4 - Masonry Noncombustible 5 - Modified Fire Rst. 6 - Fire Resistive
The area of the warehouse/terminal is Square Feet.
The terminal has *(PROVIDE NUMBER OF BAYS)* number of bays.
Loads *(ARE OR ARE NOT?)* sorted in the terminal.
Flammables *(APPEAR OR DO NOT APPEAR?)* to be adequately controlled.
Housekeeping *(APPEARS OR DOES NOT APPEAR?)* to be adequate.
Smoking *(APPEARS OR DOES NOT APPEAR?)* to be adequately controlled.
There *(IS OR IS NO?)* sprinkler system. *(CENTRAL STATION OR LOCAL ALARM?)*
There is *(CENTRAL, LOCAL, PROPRIETARY, POLICE OR NO?)* security system located on the premises. *(TYPE OR ANY COMMENTS)*
There are portable fire extinguishers, last serviced on .
The local *(PAID OR VOLUNTEER?)* fire department is located
(#___ MILES, BLOCKS OR FEET?) away from insured. *(PROT CLASS 1,2,3,4,5,6,7,8,9 OR BLANK?)*