

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
Phone: (800) 752-8402 • Fax: (317) 776-6891
www.roushins.com • Email: quote@roushins.com

Agency _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

High Value Motor Truck Cargo Supplemental Application

(Complete in addition to Motor Truck Cargo Application)

Trip Transit Annual Policy

Name of Applicant: _____

Web site Address: _____

Location Address: _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

1. Applicant is: Owner/Shipper Carrier
2. US DOT Number: _____ MC Number: _____
3. Limit(s) per shipment required: _____
4. For limits greater than \$1,000,000, provide anticipated shipper's contract specifications or shipping contract to be utilized specifying details of applicant's liability.
5. Describe Valuation Terms: Full Value Declared Released Valuation Selling Price
6. Deductible(s) required: _____
7. Additional Insured Information:

Name	Address	Interest

8. Coverage Options:
Refrigeration Breakdown Yes No
Auto Hauler Pre-existing Damage Exclusion Yes No
Contingent Cargo Endorsement Yes No
Copper Covered Endorsement Yes No
Owned Cargo Endorsement Yes No
9. Cargo new or used: _____ If used, age of goods: _____
10. Description of cargo: _____

11. Describe method of transporting cargo, including if any portion is by air, rail, or vessel: _____

12. Describe qualifications and experience handling the property being transported: _____

13. Total miles anticipated: _____

14. List all states vehicles operate in: _____

15. Anticipated date of departure: _____

Departure Address: _____

16. Anticipated date of arrival: _____

Destination Address: _____

17. List all layover (terminal) address(s) if other than driver down-time and purpose of layover(s) with dates arriving/departing and describe the terminal or warehouse occupancy:

Layover Terminal Address	Purpose of Layover	Arrival Date	Departure Date	Occupancy

18. Vehicle Schedule:

Model Year	Manufacturer	Body Type	Load Capacity	Serial Number

19. Are trucks(s), power units(s), trailers(s) or any other conveyance owned by the Insured? Yes No
If no, describe who owns each: _____

20. Will rear-steerable trailers be utilized? Yes No
If yes, describe including who will steer the rear dolly and qualifications of the driver: _____

21. Is applicant responsible for loading prior to departure? Yes No
If yes, describe including equipment used for loading: _____

22. Is applicant responsible for unloading at destination? Yes No
If yes, describe including equipment used for unloading: _____

23. If yes to loading and/or unloading, describe employee training and qualifications for handling the type of cargo being transported: _____

24. Will the power unit & trailer be attended at all times except for refueling and short-term rest stops and breaks? Yes No
 If no, describe unattended periods anticipated and theft protection planned during unattended periods: _____

25. If a target commodity, please provide theft protection during attended and unattended periods: _____

26. Does the shipment require an Oversize/Overweight Permit?..... Yes No

If yes: Describe load and approved route: _____

Name and address of escort service: _____

If escort will be provided by the shipper or owner of the cargo, describe: _____

Height	Length	Weight	Width

27. Will cargo include any of the following?

Hazardous Materials including medical waste? Yes No

If yes, include whether classification 1-9 and describe: _____

Precious Metals and copper (including if in product) and more than \$50,000 value?..... Yes No

If yes, describe: _____

Alcoholic Beverages, Antiques, Cameras, CDs/DVDs, Computers, Tobacco Products?..... Yes No

If yes, describe: _____

Cell Phones, Medical Diagnostic Equipment (i.e., MRI, CAT, PET), Video Games, Video Equipment?..... Yes No

If yes, describe: _____

Electronics, Fine Arts, Furs, Jewelry, Meat/Seafood, Money/Securities, Perfume, Pharmaceuticals, TVs?..... Yes No

If yes, describe: _____

28. Describe tarp requirements or anticipated use if required to protect cargo from the elements: _____

29. Describe special loss control measures anticipated such as GPS tracking, load shift/g-force sensors, etc: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 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 and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE 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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.