



Motor Truck Cargo Supplemental Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.
 2. Please fill in all the fields with the correct information.
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

Section 1: General Information

1. Name of applicant:

2. Type of carrier: Common carrier Hauling own goods Contract carrier

3. Coverage requested: Schedule vehicles Named Perils Owner's cargo

4. Do you use any leased operators whose equipment is not shown in the schedule? Yes No

If yes, explain:

5. Do you own any equipment not shown on the schedule? Yes No

6. List all shippers applicant has contracts with:

7. Commodities hauled: Please complete percentage and value for each commodity hauled. Provide detail on any highlighted commodity hauled.

Property	%	Value	Property	%	Value	Property	%	Value
Agricultural equipment			Explosives			Oil field equipment		
Alcoholic beverages			Farm products			Paint		
Appliances			Feed			Paper		
Automobile parts			Fertilizer			Perfume		
Autos & boats			Fine art & collectibles			Petroleum products		
Beer & wine			Flooring (no rugs)			Pipe, cable, wire		
Beverages non-alcohol			Food products			Plastics		
Books			Food-frozen			Plumbing supplies		
Building materials			Frozen seafood			Poultry-dressed		
Cabinets & woodwork			Fruits-fresh			Poultry-live		
Cameras			Furs			Power tools		
Campers			General merchandise			Precious metals		



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Section 1: General Information (continued)

Property	%	Value	Property	%	Value	Property	%	Value
Candy			Glassware			Radios		
Canned Goods			Grain			Road materials		
Carpet			Gravel			Rugs-other than oriental		
Cement			Hardware			Rugs-oriental		
Ceramics			Hay			Sand		
Chemicals-home			Household effects			Seafood		
Chemicals industrial			Jewelry			Shrimp-fresh		
China			Leather goods			Shrimp-frozen		
Cigarettes & cigars			Livestock			Shoes		
Clothing-men's, women's			Liquid-nonflammable			Sporting goods		
Clothing-other			Lobster-fresh			Stereo equipment		
Coal			Lobster-frozen			Tapes-audio, video		
Computer equipment			Logs & pulpwood			Textiles		
Computer-software			Luggage			Tires & tubes		
Containerized freight			Lumber			Tobacco		
Cosmetics			Machinery			Tools		
Cotton			Meat-boxed			Toys		
Dairy products			Meat-frozen			TVs		
Drugs-except narcotics			Meat-swinging			Vending machines		
Dry goods			Metal & steel			Vegetables-fresh		
Eggs			Milk-bulk			Vegetable oil		
Electrical supplies			Mobile homes			Other		
Electronics-other			Narcotics					
Electronics-TV & stereos			Office equipment					



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Section 1: General Information (continued)

Detail on highlighted items					
Average value per load:			Maximum value per load:		
8. Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other:					
9. Prior carrier and loss experience-three years:					
Company	Policy Number	Policy Period	Premium	# Losses	Loss Amount
Provide details of all cargo losses incurred over \$2,500 whether covered by insurance or not:					
10. Protection: Fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No					
All trucks and trailers equipped with locks? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Vehicles equipped with alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what type?		
11. Gross receipts for past three years:					
DATES - From:		DATES - To:		Gross Receipts-Company Owned Vehicles	Gross Receipts - Leased Vehicles
Estimate of current year gross receipts:					
12. Additional coverages available:					
Loading and unloading? <input type="checkbox"/> Yes <input type="checkbox"/> No			Refrigeration breakdown? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Limit:			Deductible:		
13. Filing information:					
List states for which insured has cargo permits:					
State authority number(s):			Is ICC Filing required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ICC docket number:					
14. O, S & D: Do you have any outstanding claims on overages, shortages, or damages (O, S & D)? <input type="checkbox"/> Yes <input type="checkbox"/> No Total outstanding:					



Section 2: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 3: SIGNATURE

Print Name of Applicant	Title:
Signature of Applicant (Mandatory)	Date:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: 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 of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: 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.

APPLICABLE IN FLORDIA: 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 of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: