

COMMERCIAL COMBINATION INSURANCE APPLICATION


 Carolina Casualty Insurance Company
 PO Box 2575 · Jacksonville, Florida 32203 ·
 904-363-0900 · 800-874-8053 · Fax 904-363-8093

10. MOTOR TRUCK CARGO COVERAGE								
NOTE: Only power units are to be scheduled on the cargo declarations pages; NEVER TRAILERS. Cargo on trailers is covered when attached to a scheduled power unit.								
<input type="checkbox"/>	Cargo Coverage	Limit \$		Deductible:	<input type="checkbox"/>	\$1,000	<input type="checkbox"/>	Other \$
<input type="checkbox"/>	Carriers Schedule Form	<input type="checkbox"/>	Owners Schedule Form	<input type="checkbox"/>	Both Carriers and Owners Schedule Forms			
Radius:	<input type="checkbox"/>	0 – 300	<input type="checkbox"/>	301 – 500	<input type="checkbox"/>	501 - over	<input type="checkbox"/>	Attended Vehicle Requirement Applied
Optional Cargo Coverages:								
<input type="checkbox"/>	Temperature Control Equipment Breakdown – minimum \$2,500 deductible							
<input type="checkbox"/>	Water Damage / Tarpaulin Endorsement – minimum \$2,500 deductible							
<input type="checkbox"/>	Special Limit for Shipper or Commodity							
<input type="checkbox"/>	Terminal Coverage							
<input type="checkbox"/>	Poultry Cages (Non-owned) Endorsement							
COMMODITIES HAULED				COMMODITIES HAULED				
%	Type	Average Value	Max Value	%	Type	Average Value	Max Value	
11. AUTO LIABILITY LOSS INFORMATION								
Policy Year	From	To	# of Claims	Total Paid & Reserved Losses	Insurance Carrier			
Current Year				\$				
1 st Prior				\$				
2 nd Prior				\$				
3 rd Prior				\$				
Describe large claims:								
AUTO PHYSICAL DAMAGE LOSS INFORMATION								
Policy Year	From	To	# of Claims	Total Paid & Reserved Losses	Insurance Carrier			
Current Year				\$				
1 st Prior				\$				
2 nd Prior				\$				
3 rd Prior				\$				
Describe large claims:								
CARGO LOSS INFORMATION								
Policy Year	From	To	# of Claims	Total Paid & Reserved Losses	Insurance Carrier			
Current Year				\$				
1 st Prior				\$				
2 nd Prior				\$				
3 rd Prior				\$				
Describe large claims:								
GENERAL LIABILITY LOSS INFORMATION								
Policy Year	From	To	# of Claims	Total Paid & Reserved Losses	Insurance Carrier			
Current Year				\$				
1 st Prior				\$				
2 nd Prior				\$				
3 rd Prior				\$				
Describe large claims:								

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EXPOSURE HISTORY					
Year	From	To	# of Units	Gross Receipts	Mileage
Current Year				\$	
1 st Prior				\$	
2 nd Prior				\$	
3 rd Prior				\$	
Projected for next 12 months:				\$	

12. ADDITIONAL INSUREDS			
Name	Mailing Address	Cov (1)	Relationship to Insured (2)

13. CERTIFICATE HOLDERS			
Name	Mailing Address	Cov (1)	Relationship to Insured (2)

(1) A=Auto Liability G=General Liability C=Cargo (certificate holders only) Attach separate list if space above is not adequate.
 (2) Indicate lessor, lessee, shipper, broker, interchange facility owner, etc., and show vehicle number if applicable.

Please complete and attach state () specific Truck Application Supplemental page CTP5037** and UM/UIM select/reject form.**

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute a reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the company as accurate and shall become part of the policy.

I recognize that all or parts of my operations are under the Department of Transportation oversight requiring me to adhere to their rules and regulations, acknowledge that DOT's rules and regulations are understood by me and I will adhere to the rules and regulations including, but not limited to, driver hiring, vehicle inspection and maintenance, and hours of service.

14. Signature of APPLICANT <input checked="" type="checkbox"/> _____ Type or print Applicant Name: _____ Title or relationship to Applicant: _____ Licensed Agent of the Company: _____ Licensed Agent ID#: _____	Signature of AGENT of Applicant <input checked="" type="checkbox"/> _____ Agency Name: _____ Address of Agency: _____ Agent License or Registration #: _____ Agent Phone Number: _____ Date Application Completed: _____
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