

TRANSPORTATION-LOCATION APPLICATION

Name of Applicant: _____

Mailing Address: _____

Business Address (if different from above): _____

Term of Coverage: Effective: _____ Expiration: _____

1. GENERAL

Description of goods to be insured (describe specifically; avoid such terms as "merchandise", etc):

Description of packing (cases, bales, barrels or small packages):

Do the labels or markings on packages describe contents? _____

2. ANNUAL SHIPMENTS

A. "BY RAIL" Freight Shipments: \$ _____ Express Shipments: \$ _____

Between what points are shipments principally made? _____

Maximum value per shipment: \$ _____

Are freight shipments shipped under "Released" or "Unreleased" Bills of Lading? _____

Are express shipments shipped under ordinary express receipt with Liability limited? _____

If not, what percentage of value is declared to the Express Company? _____%

B. "BY TRUCK" Public Truckmen: \$ _____ Insured's Own Trucks: \$ _____

Local: \$ _____ Long Distance: \$ _____

Maximum value shipped on any one truck: \$ _____

Name and Address of Truckmen: _____

Is the liability of Truckmen released? _____ If so, to what extent? _____

Are locked vans or open trucks used? _____ Any alarm warranty? _____

Between what points are shipments principally made? _____

Give average age and body types of trucks (if owned vehicle): _____

Number of drivers on each truck: _____

How long employed? _____

C. "BY STEAMER" State maximum value shipped by any one steamer navigating Long Island Sound: \$ _____

U.S. Atlantic coastwise: \$ _____ Gulf waters: \$ _____

Are shipments made by Insured Bill of Lading? _____

- D. "BY AIR" Between what points are shipments usually made? _____
 A. Continental U.S.: _____
 B. North American Continent: _____
 Maximum weight per shipping package (lbs): _____ Average weight per shipping package (lbs): _____
 Maximum value per shipment: \$ _____ Average value per shipment: \$ _____
 Is full value declared to carrier? _____ Is released value declared to carrier? _____
 Describe release and attach copy of Bill of Lading or Receipt to this proposal: _____
- E. "BY MESSENGER" \$ _____

3. LOCATIONS

- A. Aggregate value at all places of property to be insured: \$ _____
 B. Limit any one location (if locations are to be scheduled, see below): \$ _____
 C. Limit any one disaster: \$ _____

SCHEDULED LOCATIONS

NAME OF OCCUPANT AND ADDRESS	OCCUPIED FOR (INDICATE "STORAGE", "PROCESSING", ETC.)	AVERAGE VALUE THIS LOCATION	LIMIT OF LIABILITY DESIRED	CONTENTS RATE (HIGHEST COINSURANCE)		
				FIRE	EXT.COV.	

Coverage desired (check which):

- Base Form (fire, lightning, tornado, explosion, riot, civil commotion, aircraft, smoke; collision, overturn or derailment of carrying conveyance; perils of the seas while on ferries.)
 Base Form plus Burglary and Hold-Up on location.
 Base Form plus theft of entire shipping package during transit.
 Other: _____

4. PAST EXPERIENCE

Has transportation insurance ever been carried? _____ If yes, give name of Company _____
 Now insured? _____ What plan? _____ (Monthly Reporting or Flat Premium) _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's
 Signature: _____ Date: _____
 Print Name: _____ Title: _____