

**DIXIE SPECIALTY INS., INC.**  
**P.O. BOX 98269**  
**JACKSON, MS 39298-8269**

**MOTOR TRUCK CARGO APPLICATION**  
**(COMPLETE ALL QUESTIONS)**

**A. GENERAL INFORMATION**

Name \_\_\_\_\_  
(Exactly as it appears on I.C.C. & State Filings)

Address \_\_\_\_\_  
(P.O. Box or R.R.) (Complete Street Address) (City) (County) (State) (Zip)

Telephone No. Office (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_  
(Include Area Code)

Type of Carrier: Contract  Private  Leased  Common

Leases (describe to whom) \_\_\_\_\_  Trip  Long Term

Owner of Merchandise \_\_\_\_\_

Is the regular ICC Bill of Lading Issued?  Yes  No If not, attach copy of Bill of Lading used. (Describe) \_\_\_\_\_

Length of time in Business \_\_\_\_\_ Has any company ever cancelled or refused to issue similar insurance? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Limits desired: \$ \_\_\_\_\_ per vehicle, \$ \_\_\_\_\_ per occurrence.

**B. TYPE OF MERCHANDISE HAULED:** Avoid such terms as "general merchandise." State approximate percentage of aggregate and maximum load value. (100% co-insurance applies. Be certain amount of insurance equals maximum load value.)

COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE	COMMODITY	%	MAXIMUM VALUE
Alcoholic Liquors (Wines & Beer)			Fruit & Produce			Oilfield Equipment		
Appliances			Frozen & Iced			Paper Products		
Auto Haulers			Furniture (mfgd.)			Pipe, Steel, PVC		
Auto Parts			Gas, Oil, Bulk			Poultry (live)		
Boats (make)			Grain, Rice, Soy			Poultry - refrigerated &/or dressed		
Building Materials			Livestock, Sheep, Hogs			Seafood (general)		
Candy			Lumber, Ply, Panel			Shrimp, Crabs, Oysters, Scallops		
Canned Goods			Merchandise (gen.)			Steel, Iron		
Chemicals			Machinery			Steel Products		
Clothing (mfgd.)			Meat-packaged or swinging			Textile (cloth)		
Cotton (baled)			Milk, Cream			Tires - new &/or used		
Eggs (shell)			Mobile Homes (sngl.)			Tobacco (hogshead)		
Electronic Goods			Mobile Homes (dble.)			Tobacco (leaf)		
Farm Products (non-perishable)			Nuts - domestic or imported			Tobacco Products		
Fertilizers						Toys		

AVERAGE VALUE PER LOAD \$ \_\_\_\_\_ % MAXIMUM VALUE PER LOAD \$ \_\_\_\_\_ %

**C. LOSS EXPERIENCE — (MUST BE FULLY COMPLETED)**

COMPANY & POLICY NO.	PERIOD FROM — TO	PREMIUM	NO. CLAIMS	CAUSE OF LOSS	PAID	RESERVES

**D. SCHEDULE OF EQUIPMENT (or attach separate list)**

Total Leased Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Trucks \_\_\_\_\_ Other \_\_\_\_\_  
 Total Owned Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Trucks \_\_\_\_\_ Other \_\_\_\_\_

YEAR MODEL	TRADE NAME	TYPE OF BODY (Ref. unit, open, closed and/or locked)	MOTOR OR SERIAL NO.	TONNAGE	MILEAGE RADIUS	AMOUNT OF CARGO INSURANCE

**E. DRIVER INFORMATION:**

Driver's Name \_\_\_\_\_ License # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Accidents and Violations \_\_\_\_\_  
 Driver's Name \_\_\_\_\_ License # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Accidents and Violations \_\_\_\_\_  
 Driver's Name \_\_\_\_\_ License # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Accidents and Violations \_\_\_\_\_  
 Driver's Name \_\_\_\_\_ License # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Accidents and Violations \_\_\_\_\_

Attach separate sheet if necessary.

**F. PROTECTION:**

Is each unit equipped with fire extinguishers? Yes  No   
 Are bodies of all trucks and trailers completely closed and equipped with snap locks? Yes  No   
 Are trucks equipped with Babaco Alarms? Yes  No  Other (describe) \_\_\_\_\_  
 Number of men on trucks \_\_\_\_\_ Are loaded trucks ever left unattended? Yes  No   
 Are drivers bonded? Yes  No

**G. GROSS RECEIPTS OR GROSS MILEAGE (State Which):**

DATES		COMPANY OWNED	LEASED
From _____	To _____		
From _____	To _____		
From _____	To _____		
Estimate, current year?			

**H. ADDITIONAL COVERAGES:**

Indicate yes or not whether the following additional coverages are required:  
 (a) Theft of entire shipping package \_\_\_\_\_ (b) Earned Freight \_\_\_\_\_  
 (c) Refrigeration Breakdown \_\_\_\_\_ (d) Bill of Lading Form \_\_\_\_\_  
 (e) Loading and Unloading \_\_\_\_\_ (f) \_\_\_\_\_

**I. FILINGS:-**

List states for which insured has CARGO PERMITS (Check name on permits) \_\_\_\_\_  
 \_\_\_\_\_  
 Is ICC Filing required? \_\_\_\_\_ ICC Docket Number \_\_\_\_\_

**J. TERM: Effective from** \_\_\_\_\_ 19 \_\_\_\_\_ , to \_\_\_\_\_ 19 \_\_\_\_\_

**K. MISCELLANEOUS:** \_\_\_\_\_  
 \_\_\_\_\_

The applicant's signature hereunder constitutes authorization of the Agency indicated hereunder to secure and place this insurance coverage on his behalf. The abrogates all authorization given prior to the date indicated hereon. It is agreed that the answers and information contained herein shall constitute agreements should a policy be issued.

Agency \_\_\_\_\_  
 Address \_\_\_\_\_

(Signature of Applicant)

(Street and Number)

Time \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

# MISSISSIPPI

## AFFIDAVIT FOR SURPLUS LINES AUTHORITY (In Compliance of Section 83-21-23, Mississippi Code Annotated)

INSURED'S NAME \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ MS ZIP: \_\_\_\_\_

NONADMITTED INSURANCE COMPANY NAME: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_ TYPE OF COVERAGE: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PREMIUM.....\$ \_\_\_\_\_  
POLICY FEE.....\$ \_\_\_\_\_  
SUBTOTAL.....\$ \_\_\_\_\_  
SURPLUS LINES TAX (4%).....\$ \_\_\_\_\_  
STAMPING FEE.....\$ \_\_\_\_\_  
TOTAL.....\$ \_\_\_\_\_

LISTED LICENSED COMPANIES YOU ATTEMPTED TO PLACE COVERAGE WITH:

1. \_\_\_\_\_ 2. \_\_\_\_\_

The agent certifies that 1) diligent effort was made to procure coverage from insurance companies licensed by the Mississippi Insurance Department to operate in the state for the full amount of insurance required to protect the property, liability, or risk desired to be insured; 2) the amount of the insurance procured from the eligible nonadmitted insurer or insurers is only the excess over the amount so procurable from licensed companies; and 3) this affidavit is filed upon compliance of all state laws. This affidavit is effective for the term of the policy and shall be filed with the Mississippi Surplus Lines Association with the report required in section 83-21-25 Mississippi Code Annotated.

Further, it is certified that the foregoing statements made in this affidavit accurately and truthfully describe the conditions and circumstances replacement of this insurance in an eligible nonadmitted insurance company a necessity.

COPY OF POLICY OR DECLARATION PAGE MUST BE FILED WITH THIS AFFIDAVIT.

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent

Suscribed and sworn to before me this date:

Notary Public:

MSLA1 (7/00)