



Transportation

Please attach to Basic App or ACORD 125.

CARRIERS FOR HIRE							
Limits of Insurance in the custody of:							
Motor Carrier	\$		Rail Carrier	\$		* Per pkg limit:	
Air Carrier	\$		US Postal Srv*	\$		\$	
Annual Values Shipped:	\$		% shipped FOB:			%	
Bill of Lading:	<input type="checkbox"/>	Full Value	<input type="checkbox"/>	Released to \$		per pound	
OWNED VEHICLES <input type="checkbox"/> Vehicle Schedule Attached							
Limit of Insurance: \$ _____ on any one vehicle owned or operated by applicant							
Number Operated:							
Trucks	<input type="checkbox"/>		Tractors	<input type="checkbox"/>		Trailers	
Tank Trucks	<input type="checkbox"/>		Refrig. Units	<input type="checkbox"/>			
Describe driver selection process:							
Describe equipment maintenance program:							
Does applicant backhaul property of others? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are vehicles equipped with theft alarms? <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None							
PROPERTY SHIPPED							
	Property Shipped	% of Total		How is it packaged?			
<input type="checkbox"/>		%	<input type="checkbox"/>				
<input type="checkbox"/>		%	<input type="checkbox"/>				
<input type="checkbox"/>		%	<input type="checkbox"/>				
Radius of Operations: _____ miles							
Principal Cities of Origin: _____							
Principal Cities of Destination: _____							
Who is responsible for loading/unloading? _____							
Are any vehicles left loaded overnight? <input type="checkbox"/> Yes* <input type="checkbox"/> No							
* Explain: _____							
COVERAGE SELECTIONS <input type="checkbox"/> Non-reporting OR Reporting: <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual							
Deductible: \$ _____							
<input type="checkbox"/>	Contingent Transportation Coverage (only)			<input type="checkbox"/>	Spoilage Freezing Endorsement		
<input type="checkbox"/>	FOB Coverage: Annual Values Shipped FOB Insured's premises: \$ _____						
<input type="checkbox"/>	Coverage while at temporary locations (Provide the following information for each location)						
Address: _____							
Values: Avg. past month: \$ _____ Estimated next 12 mo.: \$ _____							
Limit of Insurance: \$ _____							
Is location protected by a UL Certified Central Station Burglar Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No							
ANNUAL VALUES SHIPPED AT APPLICANT'S RISK							
Conveyance	Incoming	Outgoing	Interplant	Max Value /Load	Full Value Bill?		Avg # shipmnts/month
Common Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Contract Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Rail Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Air Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Courier Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
US Postal Svc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
Owned Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>

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Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.