

**National Casualty Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

**HIGH VALUE MOTOR TRUCK CARGO SUPPLEMENTAL APPLICATION**

(Complete in addition to Motor Truck Cargo Application)

Trip Transit     Annual Policy

**Name of Applicant:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Applicant is:**     Owner/Shipper         Carrier
2. **US DOT Number:** \_\_\_\_\_        **MC Number:** \_\_\_\_\_
3. **Limit(s) per shipment required:** \_\_\_\_\_
4. **For limits greater than \$1,000,000, provide anticipated shipper's contract specifications or shipping contract to be utilized specifying details of applicant's liability.**
5. **Describe Valuation Terms:**     Full Value Declared         Released Valuation         Selling Price
6. **Deductible(s) required:** \_\_\_\_\_
7. **Additional Insured Information:**

Name	Address	Interest

8. **Coverage Options:**  
 Refrigeration Breakdown .....  Yes     No  
 Auto Hauler Pre-existing Damage Exclusion .....  Yes     No  
 Contingent Cargo Endorsement .....  Yes     No  
 Copper Covered Endorsement .....  Yes     No  
 Owned Cargo Endorsement .....  Yes     No
9. **Cargo new or used:** ..... \_\_\_\_\_  
**If used, age of goods:** ..... \_\_\_\_\_

10. Description of cargo: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Describe method of transporting cargo, including if any portion is by air, rail or vessel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe qualifications and experience handling the property being transported: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Total miles anticipated:..... \_\_\_\_\_

14. List all states vehicles operate in: \_\_\_\_\_

15. Anticipated date of departure: ..... \_\_\_\_\_  
Departure Address: \_\_\_\_\_

16. Anticipated date of arrival: ..... \_\_\_\_\_  
Destination Address: \_\_\_\_\_

17. List all layover (terminal) address(s) if other than driver down-time and purpose of layover(s) with dates arriving/departing and describe the terminal or warehouse occupancy:

Layover Terminal Address	Purpose of Layover	Arrival Date	Departure Date	Occupancy

18. Vehicle Schedule:

Model Year	Manufacturer	Body Type	Load Capacity	Serial Number

19. Are trucks(s), power units(s), trailers(s) or any other conveyance owned by the Insured? .....  Yes  No  
If no, describe who owns each: \_\_\_\_\_  
\_\_\_\_\_

20. Will rear-steerable trailers be utilized?.....  Yes  No  
If yes, describe including who will steer the rear dolly and qualifications of the driver: \_\_\_\_\_  
\_\_\_\_\_

21. Is applicant responsible for loading prior to departure? .....  Yes  No  
If yes, describe including equipment used for loading: \_\_\_\_\_  
\_\_\_\_\_

22. Is applicant responsible for unloading at destination? .....  Yes  No

If yes, describe including equipment used for unloading: \_\_\_\_\_

\_\_\_\_\_

23. If yes to loading and/or unloading, describe employee training and qualifications for handling the type of cargo being transported: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. Will the power unit and trailer be attended at all times except for refueling and short-term rest stops and breaks? .....  Yes  No

If no, describe unattended periods anticipated and theft protection planned during unattended periods: \_\_\_\_\_

\_\_\_\_\_

25. If a target commodity, please provide theft protection during attended and unattended periods: \_\_\_\_\_

\_\_\_\_\_

26. Does the shipment require an Oversize/Overweight Permit? .....  Yes  No

If yes: Describe load and approved route: \_\_\_\_\_

Name and address of escort service: \_\_\_\_\_

\_\_\_\_\_

If escort will be provided by the shipper or owner of the cargo, describe: \_\_\_\_\_

\_\_\_\_\_

Height	Length	Weight	Width

27. Will cargo include any of the following?  
Hazardous Materials including medical waste? .....  Yes  No

If yes, include whether classification 1-9 and describe: \_\_\_\_\_

\_\_\_\_\_

Precious Metals and copper (including if in product) and more than \$50,000 value? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Alcoholic Beverages, Antiques, Cameras, CDs/DVDs, Computers, Tobacco Products? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Cell Phones, Medical Diagnostic Equipment (i.e., MRI, CAT, PET), Video Games, Video Equipment? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Electronics, Fine Arts, Furs, Jewelry, Meat/Seafood, Money/Securities, Perfume, Pharmaceuticals, TVs? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

28. Describe tarp requirements or anticipated use if required to protect cargo from the elements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**29. Describe special loss control measures anticipated such as GPS tracking, load shift/g-force sensors, etc:**

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This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.