



Transit Supplemental Application

This application to be completed **IF THE LIMIT REQUESTED FOR TRANSPORTATION EXCEEDS \$10,000 and IF THE ANNUAL VALUES SHIPPED BY THE INSURED ARE GREATER THAN \$500,000.**

_____ Annual Values shipped are less than \$500,000. _____ (initial)

TRANSPORTATION

- 1) Type of property shipped?
- 2) Points of origin & points of destination?
- 3) Conveyance Used & Percentage of Use (Contract Carrier, Common Carrier, Air, Rail or Owned Vehicles)?
- 4) Bill of Lading: Full Value or Released Value?
- 5) Annual values shipped at insured's risk (incoming & outgoing combined)?
- 6) Average value per shipment?
- 7) Maximum value per shipment?
- 8) # of shipments per day? _____ # of shipments per week? _____
- 9) Percentage of shipments made FOB destination (free on board – customers' locations)
- 10) Percentage of shipments made FOB departure (free on board – insureds' locations)
- 11) Loss experience for last 4 years for this exposure.

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.