



Transportation

Please attach to Basic App or ACORD 125.

CARRIERS FOR HIRE									
Limits of Insurance in the custody of:									
Motor Carrier	\$	<input type="text"/>	Rail Carrier	\$	<input type="text"/>	* Per pkg limit:			
Air Carrier	\$	<input type="text"/>	US Postal Srv*	\$	<input type="text"/>	\$ <input type="text"/>			
Annual Values Shipped:	\$	<input type="text"/>	% shipped FOB:	<input type="text"/>	%				
Bill of Lading:	<input type="checkbox"/>	Full Value	<input type="checkbox"/>	Released to \$	<input type="text"/>	per pound			
OWNED VEHICLES <input type="checkbox"/> Vehicle Schedule Attached									
Limit of Insurance: \$ <input type="text"/> on any one vehicle owned or operated by applicant									
Number Operated:									
Trucks	<input type="text"/>	Tractors	<input type="text"/>	Trailers	<input type="text"/>				
Tank Trucks	<input type="text"/>	Refrig. Units	<input type="text"/>						
Describe driver selection process: <input type="text"/>									
Describe equipment maintenance program: <input type="text"/>									
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="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	%	<input type="text"/>					
Radius of Operations:		<input type="text"/> miles							
Principal Cities of Origin:		<input type="text"/>							
Principal Cities of Destination:		<input type="text"/>							
Who is responsible for loading/unloading?		<input type="text"/>							
Are any vehicles left loaded overnight?		<input type="checkbox"/>	Yes*	<input type="checkbox"/>	No				
* Explain:		<input type="text"/>							
COVERAGE SELECTIONS <input type="checkbox"/> Non-reporting OR Reporting: <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual									
Deductible: \$ <input type="text"/>									
<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="text"/>				
<input type="checkbox"/>	Coverage while at temporary locations (Provide the following information for each location)								
Address: <input type="text"/>									
Values:	Avg. past month:	\$	<input type="text"/>	Estimated next 12 mo.:	\$	<input type="text"/>			
Limit of Insurance:		\$	<input type="text"/>						
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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>		
Contract Carrier	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>		
Rail Carrier	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>		
Air Carrier	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>		
Courier Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>		
US Postal Sercv	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>		
Owned Vehicles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>		

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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.