

# Ameritrust Insurance Corporation

## COMMERCIAL MOTOR TRUCK CARGO CARRIERS COVERAGE FORM DECLARATIONS Coverage Forms CIM 1506, CIM 1507, CIM 1569

Policy No.: \_\_\_\_\_  
NAMED INSURED: \_\_\_\_\_

Effective Date: \_\_\_\_\_

12:01 A.M. Standard Time

OPERATIONS LOCATION:  Same as Mailing Address (If different than mailing address show below)  
\_\_\_\_\_

### LIMITS OF CARGO INSURANCE:

\$ \_\_\_\_\_ Maximum Per "Covered Vehicle" Per Occurrence

\$ \_\_\_\_\_ Maximum Per Any One Occurrence

\$ \_\_\_\_\_ \_\_\_\_\_

RATE: \$ \_\_\_\_\_ (per Covered Vehicle, per \$100 receipts or per 100 miles) Hazard Group: \_\_\_\_\_ Class Code: 446

Check If using a Reporting Method for premium computation. See appropriate endorsement.

Premium Subtotal: \$ \_\_\_\_\_ Minimum Premium for this coverage part: \$ \_\_\_\_\_

TRIA Coverage: \$ \_\_\_\_\_

Total Premium: \$ \_\_\_\_\_

### DEDUCTIBLE:

1. \$ \_\_\_\_\_

Per Occurrence

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

% of each loss subject to a minimum of \$ \_\_\_\_\_

3. \$ \_\_\_\_\_

for Refrigeration and Heating Breakdown

4. \$ \_\_\_\_\_

for Theft (if left blank, the Per Occurrence Deductible applies)

5. \$ \_\_\_\_\_

### SCHEDULE OF "COVERED VEHICLES":

Unit #	Year	Make	Model	VIN
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FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy):  
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

See Attached Schedule of Forms, CIL 1500b 0202

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE  
NAME OF THIS INSURED AND THE POLICY PERIOD