

*Adriatic Insurance Company*  
3501 N. Causeway Blvd., Suite 1000, Metairie, LA 70002

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POLICY # \_\_\_\_\_

**SWORN STATEMENT OF CARGO LOSS**

INSURED NAME:

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NAME OF DRIVER: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

DRIVER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

DRIVER'S PHONE #: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LIST VEHICLES INVOLVED IN LOSS:      \* 1. TRACTOR      \* 2. TRAILER

\* 1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_

\* 2. Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_

IF TRAILER LISTED IS A REEFER, PROVIDE NAME OF REEFER UNIT.

Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN: \_\_\_\_\_

LIST CARGO BEING TRANSPORTED: \_\_\_\_\_ DATE PRODUCT LOADED: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

DESCRIBE HOW LOSS OCCURRED: \_\_\_\_\_

CONSIGNEE NAME:

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

CARGO BROKERS NAME:

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELL US WHERE CARGO OR PRODUCT IS NOW:

NAME OF POLICE DEPARTMENT INVESTIGATING THIS LOSS:

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

PLEASE PROVIDE US WITH THE FOLLOWING IF CHECKED:

- Copy of Bill of Lading for all shipments in/on vehicle at time of loss. Must include load value.  Copy of all towing & labor invoices.
- Copies of any unpaid freight bills.  Shippers cost invoice for entire shipment.  Shipper or Consignee contract, if any.
- If all or part of product has been salvaged, forward copy of purchase receipt.
- If any vehicle involved was leased, provide copy of lease or Sub-Haul Agreement.
- If this is a reefer loss, forward copy of the most recent inspection report.
- Temperature Recorder or Ryan Report

INSURED'S SIGNATURE \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

Please read your policy provisions, they are important. If you do not have a copy, call us and we will mail a copy to you.