

Adriatic Insurance Company

Motor Cargo Claim Intake Form

Insured / Claimant Information

Policy Number: _____ Date of Loss: _____
Insured/Business Name: _____
Business/ Residence Street Address: _____
City: _____ State: _____ ZIP Code: _____
Phone Number & Email Address: _____
Preferred Contact Method: _____

Cargo Information (Adriatic Insurance Co. Policyholder)

Cargo / Motor Truck Cargo Details

Tractor Year: _____ Make: _____ VIN: _____
Tag: _____ State: _____
Trailer Year: _____ Make: _____ VIN: _____
Tag: _____ State: _____
Cargo Being Transported: _____
Date Product Loaded: _____ Departure Date: _____
Destination of Cargo: _____ Current Location of Cargo: _____
Name of Designee/Recipient of Cargo: _____
Phone Number & Email Address: _____
Name of Cargo Broker: _____
Phone Number & Email Address: _____

Driver Information

Name of Driver: _____
D/O/B: _____ Driver's License State/Number: _____
Driver's Phone Number & Email Address: _____
If Vehicle was parked, named of person who parked Vehicle _____

Incident / Loss Details

Date & Time of Loss: _____
Loss Location (Street/City/State/ZIP): _____
Law Enforcement Contacted: Yes No Police Report Number: _____
If cited, Citation Details (Recipient & Violation): _____
Police Department Investigating Loss: _____
City: _____ State: _____ Zip Code: _____
PD Contact: _____
PD Phone Number: _____ PD Email Address: _____
Brief Description: _____

3501 North Causeway Blvd., Suite 1000 | Metairie, LA. 70002

P: 504-838-8100 | claims@adriaticinsurance.com | Revised2026

Adriatic Insurance Company

Signatures

Insured Signature: _____

Date: _____

Driver Signature: _____

Date: _____

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