

CARGO LOSS NOTICE

DATE:

AGENT

NAME : TRANSURE
ADDRESS : P.O. BOX 100, BURLINGTON, NC 27216-0100
PHONE # : 336-584-9494

COMPANY : Fireman's Fund Ins. Co
POLICY # : MXI988386605
POLICY PERIOD: 3/01/06-3/01/07

DATE & LOCATION OF LOSS:

INSURED

NAME : L.J. Rogers Trucking Co
ADDRESS : 7723 Oakwood St. Ext. Mebane, NC 27302
PHONE # : 800-849-0249
CONTACT: Paula Hodges

LOCATION OF ACC

DESCRIPTION OF LOSS:

COMMODITY HAULED:
INSURED VALUE :
ESTIMATE OF LOSS :

SHIPPER:

NAME :
ADDRESS:
PHONE # :
CONTACT:

CONSIGNEE

NAME :
ADDRESS:
PHONE # :
CONTACT:

INSURED DRIVER

NAME :
ADDRESS:
PHONE # :

VEHICLE DESCRIPTION

Table with 4 columns: VEH. #, YEAR, MAKE, SERIAL #. Rows for TRACTOR and TRAILER.

ADDITIONAL FACTS: