



# AMERICAN FREIGHT INC

2399 Merry Ln. White City, OR 97503

541-826-5277 Office / 541-826-5176 Fax

## PROOF OF INSURANCE

Carriers: Please complete this form and fax or email it to your insurance agents asap for timely processing of your carrier application.

We require carriers to have one of the following:

- 1) Broad Form Cargo Coverage
- 2) A list of commodities that are covered on said Cargo
- 3) List of Cargo not covered by insurance company (excluded Cargo)

All certificates must also show American Freight Inc as Cert Holder.

To: Insurance Agent: \_\_\_\_\_

Fax Number: \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

Carrier Company Name: \_\_\_\_\_

Carrier's MC#: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### RE: CERTIFICATE OF INSURANCE

Dear Insurance Agent,

Thank you for your prompt handling of this request. This request is for a signed Certificate of Insurance for your above named insured. This Certificate should list the insured's coverage for Worker's Comp, Auto Liability, Cargo (with deductible noted), and should indicate whether coverage is ALL RISK, or Broad Form and if Cargo Policy contains any exclusions.

Please make certificate to:

American Freight Inc. 2399 Merry Ln, Medford, OR 97503

Phone 541-826-5277 / Fax 541-826-5176