

MOTOR TRUCK CARGO APPLICATION

SUBMIT

If you are primarily a local or regional carrier, in the business of transporting goods for others, our Motor Truck Cargo Carriers' Legal Liability Coverage will provide you with comprehensive coverage at a competitive price. Your trips will be generally shorter to mid-haul, potentially including U.S. delivery. The goods transported will be of low to medium risk in terms of damageability, theft and deterioration. Your business will be well established, showcasing strong financials and operational processes, including excellent operational controls to ensure proper completion of bills of lading or other detailed written shipping contracts or agreements. You will demonstrate excellence in fleet and equipment maintenance as well as disciplined driver controls.

Broker: _____ Broker No: _____
Telephone: _____ Email: _____

PART 1 GENERAL INFORMATION

Applicant Full Name: _____

Principal(s) Full Name: _____

Address: _____ Postal Code: _____

In Business Since: _____ Applicant has been at this same address since: _____

Any management, ownership or operation changes in the last five years? Yes No

Is applicant a Limited (incorporated) company? Yes No

Current Insurer: _____ Policy Number: _____ Expiry Date: _____

Expiring Premium: _____ Current Deductible _____

Has any Insurer cancelled, declined, or refused you coverage? If yes, please provide details: Yes No

Is the applicant currently insured by your office? If Yes, how long have you insured the applicant? Yes No

Any claims in the last 5 years? If yes, provide full details including date, type of loss, amount paid and outstanding: Yes No

Date of loss	Cargo Involved	Cause of Loss	Total Paid	Deductible Applied

Terminals: Please provide full details of all terminals owned or operated by the applicant. Attach property underwriting details as required using standard property application.

ADDRESS	DESCRIBE SECURITY	MAXIMUM VALUES INSIDE	MAXIMUM VALUES OUTSIDE
		\$	\$
		\$	\$
		\$	\$

Unattended Loads: Are vehicles ever left unattended at terminals or elsewhere, including overnight? If yes, please provide details of location(s), security and average/maximum duration. Yes No

Vehicles: Power units (tractors) only – do not include trailers:

(Insert Number of Units)	Insured's Own Units	Sub-contracted/Lease Operators
Tractors		
Straight Trucks (Open)		
Van Trucks (Dry)		
Van Trucks (Refrigerated)		
Other Power Units Describe:		

Does the applicant operate any vehicles for which cargo insurance is not to be included under this policy? If yes, please explain: Yes No

Are all units equipped with:

- | | |
|---|--|
| Alarms <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No |
| GPS Tracking <input type="checkbox"/> Yes <input type="checkbox"/> No | Two Person Crews <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Two Way Radios <input type="checkbox"/> Yes <input type="checkbox"/> No | Cellular Telephones <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other safety/security features:

List power units (attach a separate schedule if necessary):

Unit #	Year Built	Make & Model	Body Style	Serial No	Registered GVW

PART 3 TRAILERS

Does the applicant ever engage in hauling trailers in tandem? Yes No

How many trailers does the applicant own? (Insert # of trailers for all that apply)

Dry Vans _____ Flat Decks _____ Auto Carriers _____

Refrigerated Vans _____ Cattle Liners _____ Tankers _____

Other Trailers (Describe): _____

Does Applicant ever haul non-owned trailers? Yes No

If yes, what is the maximum number in the applicant's possession at any one time?

Average Value \$ _____ Maximum Value \$ _____

PART 4 DRIVER & SAFETY REQUIREMENTS

What is the applicant's national safety code certification number?

What is the minimum age of any driver?

What is the minimum requirement for commercial trucking experience (years)?

Number of drivers employed: Full time: Part time: Sub-Contracted/Lease Operators:

Does the applicant's driver selection process include:

Road Test Reference Yes No

Pre-Employment Medical Yes No

Checks Mountain Yes No

Review of Driver Abstracts Yes No

Experience Yes No

Written Application Yes No

SAFETY PROCEDURES

Is there a full time safety supervisor? Yes No

Is there a "no loss" bonus program Yes No

If yes, what percentage of drivers qualifies for the bonus?

%Is there a preventative maintenance program in place? Yes No

Are written records of vehicle maintenance/condition maintained? Yes No

How often are controlled inspections performed?

PART 5 INSURANCE REQUIREMENTS

LIMITS OF LIABILITY REQUIRED:

Any one vehicle	\$
At scheduled terminals (as listed above)	
1.	\$
2.	\$
3.	\$
At any unscheduled location	\$
Maximum Limit any one loss	\$

FILING REQUIREMENTS:

List all provinces and states where the applicant has been advised a Motor Truck Cargo Filing is required:

If ICC (US) Filing is required for Cargo (Forms BMC 34 or BMC 35), Provide Docket No: MC

PART 6 DESCRIPTION OF COMMODITIES CARRIED

Estimate the % of gross receipts derived from hauling each commodity carried. Avoid the use of non-specific terms such as "General Merchandise".

COMMODITY	% OF RECEIPTS	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE
Alcoholic Beverages (including beer and wine)			
Auto Parts or Accessories			
Automobiles (New)			
Automobiles (Used)			
Boats/Watercraft			
Building Products (not lumber or logs)			
Bulk Liquids (in tankers)			
Computers/Electronics – attach supplement			
Containers (Reefer) – attach supplement			
Containers (Other)			
Flammables or Explosives			
Frozen Foods – attach reefer supplement			
Hazardous Goods - Describe:			
Heavy Machinery			
Household Goods (Specific Contract)			
Light Machinery including Parts			
Live Animals, Birds or Fish			
Logs/Woodchips/Gravel			
Lumber			
Meat/Seafood/Poultry (Boxed) – Attach Supplement			
Meat (Swinging or Hanging) – Attach Supplement			
Mobile Homes			
Non-Perishable (Dry) Foods			
Perishable Foods (Produce) – Attach Supplement			
Other Perishables Describe:			
Oilfield Equipment – Light			
Oilfield Equipment – Heavy			
Oilfield Drilling Rigs or Parts			
Steel			
Tobacco Products – Attach Supplement			
Mixed Loads (of the above)			
Other Commodities: Describe:			

PART 7 REFRIGERATION BREAKDOWN SUPPLEMENT

Please complete the following if any temperature controlled property is transported including containers.

How many units/trailers are equipped with "refrigeration" units? Trailers Van Trucks Other

Who is responsible for the maintenance of the refrigeration units? Insured Third Party Contractor

If a third party contractor, please confirm:

Name of Contractor:

Frequency of Servicing:

Length of Contract:

REFRIGERATION UNIT SAFETY FEATURES

Indicator lights that alert the driver to failure of system? Yes No

Are lights clearly visible to driver? Yes No

Are all units equipped with temperature gauge? Yes No

Are temperature gauges clearly visible to driver? Yes No

How often are drivers required to check gauges and log records?

Is a "Ryan's Chart" maintained on all refrigerated shipments Yes No

Describe emergency procedures in the event of refrigeration breakdown or problem?

OTHER COMMENTS

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

SIGNING OF THIS FORM DOES NOT BIND THE APPLICANT TO COMPLETE THE INSURANCE.

Applicants Signature: _____ Position: _____

Please Print Name: _____ Date: _____