

MOTOR TRUCK CARGO APPLICATION

1. Name of Applicant: _____
2. Principals Names: _____
3. Address & Postal Code: _____
4. Describe Applicant's Exposures and attach copy of "Bill of Lading" currently in use
 - Common Carrier _____%
 - Hauling Under Contract _____%
 - Operating Under Franchise _____%
 - Hauling Own Goods _____%
 - Freight Forwarder _____%
5. How long has the applicant been in business on his own? Years _____ National Safety Code Number _____
Carrier Profile Number _____ CVOR# _____ RIN# _____ ICC/US DOT# _____
6. How many years prior experience working for others? _____
7. Loss History: Provide details of all Cargo losses in the past (minimum) 3 years.
(Include both uninsured and unclaimed losses.)

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

8. **Commodities Carried:** Estimated the Percentage of Gross Receipts for each Commodity Carried.
Avoid use of Non-Specific Terms such as "General Merchandise"

Commodity	% of Gross Receipts	Average Load Value	Maximum Load Value
Aggregate/Gravel			
Agricultural Implements			
Aircraft Parts			
Appliances & Power Tools (not electronics)			
Automobiles (new or used)			
Beer			
Boats & Motors			
Bottles Goods (not alcohol)			
Building Materials (not lumber)			
Canned Goods (tin jars)			
China or Glassware			
Chemicals low-medium hazard			
Chemicals high hazard			
Clothing			
Computers, Cameras, Consumer Electronics TV's, DVD, CD, MP3 Players, Stereos*			
Containers Including reefer containers			
Contractors Equipment			
Crude Oil/Fuel Oil			
Dairy Products – Milk (Bulk)/Eggs			
Drugs (not Narcotics)			
Dry Goods/Textiles/Finished Cloth			
Electronic Parts (not Computer parts)*			
Fertilizer (bagged or bulk no ammonium nitrate)			
Fibers/Yarn/Unfinished Cloth			

Fine Arts*			
Fish & Seafood (not live)			
Florist & Nursery Stock			
Frozen/Refrigerated Foods			
Fruits/Vegetables/Perishables			
Furniture (new)			
Grain/Flour/Hay			
Groceries (not tobacco or alcohol)			
Household Goods (residential moves)			
House/Mobile Home/Modular Home Moving			
Jewellery*			
Leather Goods Including Clothing*			
Liquor & Wine*			
Livestock, Birds or Fish			
Logs/Woodchips			
Lumber			
Machinery Heavy			
Machinery Light			
Meat/Poultry			
Metals – no copper, nickel or precious			
Oilfield Equipment			
Oil & Gas Drilling Rigs			
Paint/Varnish			
Paper/Finished or Rolls			
Pipe (steel/concrete/tile)			
Power Tools			
Rug/Carpet			
Sporting Goods/Shoes*			
Steel/Aluminum (Flat Rolled or Structural)			
Tires and Tubes*			
Tobacco Products*			
Other Commodities (describe)			

***Please complete the Target Commodities Questionnaire.**

How often is maximum load value on board per month? _____

9. (a) Radius of Operations

- _____ % City Limits
- _____ % Up to 100 miles (outside city limits)
- _____ % 101 to 250 miles
- _____ % 251 to 500 miles
- _____ % Over 500 miles

List Provinces, States, Territories Travelled

Is Fillings Required? Yes No

If Yes, please state the operating authorities:

Maximum Radius: _____ Miles From: _____

(b) Give list of established routes and frequency of trips: _____

(c) Give proportion of Daylight Hauls _____% Night Hauls _____%

(d) Maximum number of continuous hour's trucks are in operation: _____

10. Truck Crews: How many operators on each truck? _____ Are they bonded? Yes No
 Are drivers and helpers regular employees? Yes No
 Do driver load or unload cargo? Yes No
 If yes, by hand forklift picker crane
 Maximum number of working hours permitted by any one driver in a 24-hour period: _____

11. Are your drivers checked for: Proper License(i.e. Class A/1) _____ Accident Record _____
Please provide copies of current driving abstracts for all drivers

12. Are previous employers of new drivers check for references? Yes No

13. Is there a full time safety supervisor? Yes No
 Is there a no loss bonus program if effect? Yes No
 If yes, what percentage of drivers qualify _____%

14. (a) Is truck or truck/trailer combination left unattended at terminals or elsewhere when loading? Yes No
 If yes, provided details of Location, security and Duration: _____

How many detached trailers would be loaded and left unattended at any one time? _____
 How often would detached trailers be loaded and left unattended?
 #_____daily; #_____weekly; #_____monthly
 Is storage location protected by a guard or watchman? Yes No Fenced? Yes No

(b) If truck or truck/trailer combination has enclosed body, is it securely locked at all times (except while loading/unloading)? Yes No

(c) Trailers: Does applicant ever haul trailers in tandem? Yes No
 Dry Vans: _____ Flat decks: _____ Auto carriers: _____
 Refrigerated Vans: _____ Cattle liners: _____ Tankers: _____
 Other, Describe: _____

Does applicant ever haul non-owned trailers? Yes No
 If yes, maximum number insured's possession at any one-time _____
 Average Value of trailers \$ _____ Maximum Value of trailers \$ _____

(d) Are trucks equipped with GPS or alarm systems? Yes No
 If yes, what type? _____

15. Are cargo heaters or reefer units ever used? Yes No
If yes, please complete Reefer Breakdown Supplement

16. If policy to be issued on a gross receipts basis, please advise
 Actual gross receipts for past 12 months: \$ _____
 Estimated for next 12 months: \$ _____

17. Description of Motor Vehicles and/or Trailers and amounts of insurance applying to contents of each:

Item #	Make	Model Year	Serial Number	Body Style	Gross Vehicle Weight	Open or Closed Body	Amount of Insured
1							
2							
3							
4							
5							

18. Is there any Inspection/Preventative maintenance program in place? Yes No
 Frequency of inspection: _____
 Are written records of vehicle maintenance/condition maintained? Yes No
19. (a) Does the Applicant ever pick up or unload at a terminal warehouse? Yes No
 (b) If coverage is required in terminal warehouses, please state the amount of insurance required and addresses of the terminal warehouse: _____

20. List present/previous Insurer(s) and policy #'s for the Applicant **cargo** insurance during the past 3 years:
 Insurer: _____ Policy Number: _____ Expiry Date: _____
 Insurer: _____ Policy Number: _____ Expiry Date: _____
21. List Applicant's present **automobile** insurance carrier and policy #:
 Insurer: _____ Policy Number: _____ Expiry Date: _____
22. Are loads ever subcontracted or brokered to other carriers? Yes No If Yes,
 Is this done under the applicants "Bill of Lading"? Yes No
 Does the other carrier issue a "Bill of Lading"? Yes No
 If yes, whom: _____
 What percentage of annual gross revenue is generated from such hauling? _____%
 Do you obtain Certificates of Insurance from subcontractor's haulers? Yes No
23. Has any Insurer ever cancelled or refused to insure Applicant? Yes No
 If yes, explain: _____
24. The Policy is to be effective from: _____ to: _____
25. Coverage required:
- | | | | |
|-----------------------------|----------|------------------------------|--|
| Motor Truck Cargo Limit | \$ _____ | Loading & Unloading? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Freight Charges \$5,000 or | \$ _____ | Debris Removal \$5,000 or | \$ _____ |
| Deductible (\$1000 minimum) | \$ _____ | Commercial General Liability | \$ _____ |
| General Aggregate | \$ _____ | | |

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.
 The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material change as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.
 Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant's Signature: _____

Date: _____

Brokerage Name: _____

Broker's Signature: _____

Date: _____

REEFER BREAKDOWN SUPPLEMENT

PLEASE COMPLETE THE FOLLOWING IF ANY TEMPERATURE CONTROLLED PROPERTY IS TRANSPORTED INCLUDING CONTAINERS.

1. How many of the following units are equipped with “reefer” equipment?

Trailers: _____ Van Trucks: _____ Other: _____

2. Who is responsible for the maintenance of “Reefer Units”?

Applicant Yes No

Qualified Contractor Yes No Name of Contractor: _____

Frequency of servicing Monthly: Yes No

Number of hours if service: _____

Length of Contract: _____

3. Reefer safety features

(a) Indicator lights that alert the driver to failure of system Yes No

(b) Are indicator lights clearly visible to the driver Yes No

(c) Are all units equipped with temperature gauges that are clearly visible to the driver Yes No

(d) Are “Reefer Units” Smart reefers
(Computerized that produce constant record of temperature) Yes No

(e) Are “Smart Reefers” operated in:
Continuous Mode Yes No

Sentry Mode Yes No

How often are drivers required to check gauges and log records: _____

4. Describe procedures in place used by drivers in the event of “Reefer” breakdown or problem?

TARGET COMMODITIES QUESTIONNAIRE

1. What types of target commodities are being hauled? (Liquor, Tobacco, Electronics – TV's, Computer's, etc....)

2. Will the driving crew remain with the load until it's delivered and signed for? Yes No
3. What percentage of the Applicant's gross receipts will be generated from hauling target commodities on an annual basis? _____%
4. Will loads be entirely target commodities? Yes No
5. What would be the average values \$ _____ and maximum load values \$ _____
6. Are deliveries made the same business day? Yes No
7. Are loads stored overnight? Yes No
If Yes, where (in alarmed terminal building, secured yard)? _____

8. Are tractor units and trailers equipped with satellite global positioning devices (GPS)? Yes No
9. Are trailers alarmed and equipped with high security locks? Yes No
10. Are tractors and trailers equipped with immobilizer devices when stored? Yes No
11. Will a two person crew be used at all times? Yes No
12. Does the Applicant have previous experience hauling target commodities? Yes No
13. Will the Applicant be under contract to a specific retailer, manufacturer or wholesaler? Yes No