

APPLICATION FOR MOTOR TRUCK CARGO INSURANCE

Brokers Name: _____	Policy Period: _____
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Name of Applicant and Address: _____

Previous Insurer: _____ Previous Policy Number: _____

The present Automobile Insurer: _____

Five-Year Loss History on Cargo Losses: _____

Has any insurer ever cancelled or Refused Coverage: _____

Description of merchandise shipped and a percentage breakdown: _____

Radius of Operations: _____ Overall Annual Distance Travelled: _____

Provinces and States where Merchandise Hauled: _____

Breakdown of mileage travelled in the U.S. by State: _____

List of Established Routes and Frequency of Trips: _____

How Long in Business: _____

List of Drivers	Driving Experience and Years Accident Free

Procedures for Driving Record and Background Checks on Drivers: _____

Fleet Safety and Incentive Plans for Drivers: _____

Number of driving hours permitted within a 24-hour period: _____

Number of crew on each vehicle: _____

Description of Motor Vehicles and/or Trailers and Limit Applicable to Each				
Trade Name, Model, Year and Type of Vehicle	Serial Number	Tonnage	Limit of Coverage Required	Refrigeration or Heating Equipment

Type and Frequency of Inspection Program: _____

Type and Frequency of Maintenance of Program: _____

Are Vehicles Equipped with Portable Extinguishers? Yes No

Burglary Protection provided on the Vehicles and Trailers: _____

Applicant's Signature

Date