

APPLICATION FOR TRANSPORTATION FLOATER

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

Previous Insurer: _____	Previous Policy Number: _____
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How Long in Operation: _____

Five-Year Loss History on Cargo Losses: _____

Has any insurer ever cancelled or Refused Coverage: _____

Description of merchandise shipped and a percentage breakdown: _____

Transit Points:	To	_____	From	_____
		_____		_____
		_____		_____
		_____		_____

Type of Transportation	Annual Shipments	Maximum Limit Any Shipment	Limit of Coverage Required	% of U.S. Shipments
Railway Express				
Public Truckmen				
Owned Vehicles				
Scheduled Airlines				
Freight Forwarders				

What types of Bills of Lading to be declared on Shipments: _____

Names of Carriers Used: _____

If Hauling Goods with Owned Vehicles, the following must be answered:

Present Auto Insurer: _____

Radius of Operations: _____ Overall Annual Distance Travelled: _____

Provinces and States where Merchandise Hauled: _____

List of Established Routes and Frequency of Trips: _____

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			
Trade Name, Model, Year and Type of Vehicle	Serial Number	Tonnage	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