



Motor Truck Cargo Legal Liability Application

This form may be completed by you or your insurance broker. Please provide information for all of the spaces below. Save a copy for your own records, and have your insurance broker submit the completed application to an Aldis underwriter via e-mail.

APPLICATION INFORMATION

Insurance broker:

Applicant's name:

Address:

City: Province:

Postal code: Number of years in business: *All monetary values are in:

Type of business: Common carrier Contract carrier Hauling own goods Other

If 'Other' please describe:

CARGO

List the goods being shipped:

Do you issue your own bill of lading: Yes No
If 'Yes', please attach a copy

Do you issue declared-value bills of lading or have any special contracts with any customers where your liability is greater than \$4.41 per kilogram: Yes No

If yes, what is the annual value of cargo moved under such declared value or special contracts: \$

Please attach a copies of all special contracts.

Average value of cargo per shipment: \$ Maximum value of cargo per shipment: \$

Actual gross freight receipts for this year: \$ Estimated gross freight receipts for next year: \$

VEHICLE INFORMATION

Year	Model	Body type	Manufacturer	Serial number	Limit of liability
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

If you have more vehicles, please attach a separate sheet.

Are vehicles equipped with alarms: Yes No Do trucks carry fire extinguishers: Yes No

Are trucks left unattended while loading: Yes No If 'Yes' please explain:

GEOGRAPHICAL LIMITS

Please list all provinces and states that vehicles operate in:

Radius of operation: % Local (0-200 km) % Intermediate (201-499 km) % Long haul (500+ km)

Number of shipments per year:

DRIVER INFORMATION

Are all drivers checked for proper license: Yes No Average age of drivers:

Are previous employers checked for references: Yes No Are drivers bonded: Yes No

Have drivers had any accidents: Yes No If 'Yes' please provide details

Have drivers had any convictions: Yes No If 'Yes' please provide details

ADDITIONAL COVERAGE REQUIREMENTS

Please request other application for:

Do you require coverage for warehouse storage that is **not** in the normal course of transit: Yes No

Do you require Terminal Operator's Coverage: Yes No

UNDERWRITING INFORMATION

Name of previous insurer(s):

Have you ever had a previous policy cancelled: Yes No

If 'Yes' please explain:

Premium and loss history for the last 5 years:

Year	Premium paid	Losses paid	Losses outstanding	Details
2006	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2007	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2008	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2009	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2010	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Additional information:

Aldis privacy statement:

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 application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the company 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 legal requirements.

To the best of our knowledge, the above representations are true and correct.

Date: Applicant's signature:

Broker's signature: