

Motor Truck Cargo Application

Motor Truck Cargo Application

Submitted by: _____

Broker/Agency: _____

Currency to be used: Canadian

Anticipated Inception Date: _____

FHWA Docket No. (if there is USA exposure this number is required) _____

Legal Name of Applicant

dba Name of Application _____

Applicants Address _____

Year Applicant Established _____

OR _____

Number of Years in Business _____

USA Filings Required?

(circle one)

Yes _____ No _____

Type of Carrier (circle all that apply)

Common Carrier

Courier

Contract Carrier

Owner of Cargo

Private Carrier

Percentage of hauls by distance

%

1 to 250 miles _____

251 to 1000 miles _____

over 1000 miles _____

Percentage of Loads not Hauled by your Owned Trucks (NB - Long term = 30 days +)

Long-term Owner Ops (>30 days) _____

Short-term or Trip Leases _____

Number & Type of Power Units

Owned by You

Owner Operators

Pick-ups _____

Light Vans _____

Straight Trucks _____

Tractors _____

Other - (Explain under additional info) _____

TOTAL Power Units _____

Number and Types of Trailers

Owned by You

Owner Operators

Flatbeds/Flatdecks _____

Container Flats _____

Closed Trailers _____

Livestock Trailers _____

Tank Trailers _____

Reefer Trailers (under 10 yrs) _____

Reefer Trailers (over 10 yrs) _____

Car Carriers _____

Other - (Explain under additional info) _____

TOTAL Trailers _____

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Are tandem trailers ever hauled (including B-trains or C-trains)?

If yes, please note the deductible applies to each trailer.

Note: Unless declared here, the policy coverage is limited to the hauling of single trailers only.

(circle one)

Yes _____ No _____

The policy wording EXCLUDES ALL COVERAGE IN ALASKA

Do you wish to purchase limited coverage in Alaska?

(circle one)

Yes _____ No _____

Gross Receipts

Owned Trucks _____
 Owner Operators _____
 Brokered _____
 Total _____

Driver's Age and Profile

Under 25 years
 25 to 65 years
 Over 65 years

Your Drivers

Owner Operators

Total Number of Drivers

Driver Verification

When employing new drivers, what background investigations are made?

Motor Vehicle Record (Driver Abstract)?

(circle one)

Yes _____ No _____

Reference from previous employer?

(circle one)

Yes _____ No _____

Other? _____

PLEASE NOTE THAT "TARGET COMMODITIES" SHOWN BELOW ARE NORMALLY EXCLUDED FROM COVERAGE BY THE POLICY WORDING

(Note: all fields REQUIRED for quote)

Type of Cargo - Target Hauled Commodities

Alcohol
 Bullion, Fine Arts, etc.
 Documents
 Electronics
 Garments
 Household Removals
 Live Animals
 Seafood
 Tobacco

Hauled	Average Value	Max Value

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Optional Endorsements Requested

(circle yes or no for each endorsement)

Refrigerated Breakdown (min. Ded. \$2500)
 Riggers
 Contingent Transit (Truck Brokering)
 Unattended Truck
 Earned Freight
 Debris Removal
 LTL (off truck cover)

Yes or No	Value/Limit
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Cover for Cargo UNLOADED from trucks is required at the following terminals:

Address			Limit
Address			Limit
	Terminal Protections	Fully Fenced/Gated	24 hour Guards
	A	Building Alarmed	Building Sprinklers
	B		

In Full Premium (limits cover to named trucks only)

Trailer Interchange	Yes	No
Limit (any one trailer)	Yes	No
Limit (any one loss)		
Approx # of trailer interchange days/year		
Target Interest Inclusion	Yes	No
Target Goods to be covered		
Theft limit, any one loss		
Theft deductible		

Vehicle List

Year, Make & Model	Serial Number - Required

Attachments

LOSS HISTORY

Date of Loss	Description of Loss	Deductible	Amount Paid	Amount Pending

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Application**

Has any Insurer within the past 5 years refused to renew or cancelled the policy?
If yes, please advise why _____

(circle one)
Yes No

Additional Information

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief, and that I/we have not suppressed, withheld, or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.
I/we agree that if the proposal or any part of it has been completed by another party, that I/we have studied the information herein and have made any necessary amendments to such information.

Insured Signature

Dated

Position

Additional Questions: Motor Truck Cargo

- Do you sub contract any carriage? ___Yes ___No
- If "Yes" what percentage of your carriage is sub contracted? _____
- a. If "Yes", do all subcontractors used by you agree in writing to accept no less liability than you have and to fully indemnify you for all losses before you entrust cargo &/or equipment to them? ___ Yes ___ No

b. If you answered "No" to above question, please tell us below how you hold subcontractors responsible for cargo entrusted to them and enclose copies of all documents used to hold them responsible

- List your largest clients and the main types of cargo likely to be carried, handled or warehoused by you:

- Estimated number of shipments handled in one day.
By Truck _____ By Vans _____
- Average value of shipments handled in one day.
By Truck _____ By Vans _____

- Is the warehouse where the goods are stored owned or leased by you?
