

**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