

MOTOR TRUCK CARGO PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED, ANY QUESTIONS LEFT BLANK WILL BE DEEMED TO HAVE BEEN ANSWERED "NO" OR "NOT APPLICABLE"

1. **Applicant:** _____ **doing business as**
Company: _____
Mailing Address: _____
Terminal Address: _____
Year Company Established: _____ (IF A NEW VENTURE PLEASE COMPLETE THE ATTACHED PROFILE)

2. **Names, addresses and functions of Associated or Subsidiary Companies to be included:**

3. **Are Companies:** a) **Common Carriers:** YES / NO b) **Contract Carriers *:** YES / NO
 c) **Private Carriers:** YES / NO d) **Owner of Cargo:** YES / NO
 e) **Other:** (PLEASE GIVE DETAILS) _____

* IF YOU CONTRACT ON A RELEASED LIABILITY BASIS PLEASE ATTACH A COPY OF A SPECIMEN WAYBILL SHOWING HOW MUCH LIABILITY YOU ACCEPT. ALSO PLEASE GIVE DETAILS OF YOUR ADDITIONAL VALUATION RATES AND APPROXIMATE ANNUAL LEVEL OF ADDITIONAL VALUATION CHARGES YOU RECEIVE.

4. **Please give details of any operations carried out other than that of a carrier:** _____

5. a) **Do you subcontract to others or employ owner operators:** YES / NO
 If yes, are they employed on either: a) **Short Term Lease (less than 30 days)** YES / NO
 b) **Long Term Lease (more than 30 days)** YES / NO
 b) **Is coverage required for these subcontractors / owner operators:** YES / NO
 c) **If not, are they held responsible and insured for cargo liability:** YES / NO
 d) **If yes, do you obtain evidence of their current insurance coverage:** YES / NO

6. **Please give gross receipts in respect of your trucking operations for the past 5 years:**

YEAR	G.R's - OWN HAUL	G.R's - SUBCONTRACTED OUT	TOTAL G.R's - ALL OPS.
20			
20			
20			
20			
20			
EST.			

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7. What form of cover do you require:

Broad Form: YES / NO Including Reefer Breakdown: YES / NO
 Named Peril Form: YES / NO Trailer Interchange * : YES / NO

* Please advise approximate 'Trailer Days' per annum: _____

8. **THE FOLLOWING INTERESTS ARE EXCLUDED** under the basic policy form, but can normally be covered at additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8.

ACCOUNTS, BILLS, DEBTS, EVIDENCE OF DEBTS, LETTERS OF CREDIT, PASSPORTS, DOCUMENTS, RAILROAD OR OTHER TICKETS, NOTES, MONEY, SECURITIES, CURRENCY, BULLION, PRECIOUS STONES, JEWELRY &/OR OTHER SIMILAR VALUABLE ARTICLES, PAINTINGS, STATUARY AND OTHER WORKS OF ART, MANUSCRIPTS, MECHANICAL DRAWINGS, LIVE ANIMALS, TOBACCO, CIGARS, CIGARETTES, NON-FERROUS METAL IN SCRAP OR INGOT FORM, FURS, GARMENTS *, ALCOHOL, LIQUOR, BEER, WINE, SEAFOOD (UNLESS CANNED), AND ELECTRONICS *.

* NOTE: GARMENTS DEFINED AS ITEMS OF CLOTHING INCLUDING INNERWEAR AND OUTERWEAR, FOOTWEAR, SHOES, BOOTS, GLOVES, HATS AND THE LIKE.
ELECTRONICS DEFINED AS ALL ITEMS OF CONSUMER AND COMMERCIAL ELECTRICAL APPLIANCES AND INSTRUMENTS INCLUDING BUT NOT LIMITED TO RADIOS, STEREOS, TELEVISIONS, COMPUTERS, COMPUTER SOFTWARE, HARD DRIVES, CHIPS, MODEMS, MONITORS, CAMERAS, FACSIMILE MACHINES, PHOTOCOPIERS, VCR'S, HI-FI'S, CD PLAYERS AND THE LIKE. NOTE THAT HEAVY ELECTRICAL ITEMS SUCH AS SWITCHGEAR, TURBINES, GENERATORS AND THE LIKE ARE NOT CONSIDERED TO BE ELECTRONICS.

9. List by category and estimated percentage of the total loads shipped as follows:

TYPE OF CARGO	MAX. VALUE PER LOAD	AVE. VALUE PER LOAD	%AGE OF TOTAL LOADS
Alcohol, Beer, Wine etc.			
Automobiles / Motorcycles			
Auto's On Hook / Towed			
Building Materials			
Chemicals			
Chilled / Frozen Foods			
Electronics *			
Garments *			
General Dry Freight			
Lumber, Wood etc.			
Machinery			
Produce			
Seafood (ex canned)			
Tobacco / Cigarettes etc.			
OTHER - PLEASE SPECIFY			

10. Do you require cover for cargo in terminals or other places where vehicles are often left overnight or at weekends either on vehicles YES / NO or off vehicles YES / NO If either answer is yes, please give details of any such places which are regularly used:

ADDRESS OF TERMINAL OR YARD.	FENCED YARD LOCKED AT NIGHT?	24 HOUR WATCHMAN?	ALARMED BUILDING?	SPRINKLERED BUILDING?	MAX. VALUE EXPOSED?

11. Limits required:
- a) \$ _____ Any One Truck (single truck load)
 - b) \$ _____ Any One Trailer (trailer interchange)
 - c) \$ _____ Any One Loss (terminal truck accumulation)
 - d) \$ _____ Any One Terminal (cargo at terminal off truck)
 - e) \$ _____ Overall Loss Limit (c and d, if required)

Deductible preferred: \$ _____ Each and every loss

12. Please give details / steps taken, if any, to secure vehicles whenever left unoccupied:

13. Please give details of any FMCSA / State / Provincial Cargo Filings required:

FMCSA Docket Number: MC _____ Other _____

14. Percentage of hauls by distance in miles: 1-250 _____ % 251-1000 _____ % 1001+ _____ %

15. Please give details of the number of vehicles for which cargo cover is required:

TRACTOR UNITS		REEFER TRAILERS 10 YEARS OLD OR LESS	
STRAIGHT TRUCKS		REEFER TRAILERS MORE THAN 10 YEARS OLD	
REEFER TRUCKS		FLAT BED TRAILERS	
TANK TRUCKS		TANK TRAILERS	
OTHER POWER UNITS		OTHER TRAILERS	
TOTAL NUMBER OF POWER UNITS		TOTAL NUMBER OF TRAILERS	

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16. If you operate ten power units or less, please give details as follows:-

	YEAR	MAKE / MODEL	VIN #		YEAR	MAKE / MODEL	VIN #
1				2			
3				4			
5				6			
7				8			
9				10			

17. Please give details of drivers:

TOTAL NUMBER OF DRIVERS		NUMBER OF FULL TIME EMPLOYEE DRIVERS	
NUMBER UNDER 25 YEARS OF AGE		NUMBER OF DRIVERS ON LONG TERM (30 DAY+) LEASE	
NUMBER OVER 60 YEARS OF AGE		NUMBER OF TWO PERSON DRIVER TEAMS	

18. Please give details of checking procedures maintained for employing new drivers: _____

19. Please give details of your cargo loss experience whether insured or not, for the past 5 years, on an All Risks / Broad Form basis - FROM 1st DOLLAR / NO DEDUCTIBLE:

YEAR	PAID AMOUNT	RESERVE AMOUNT	WHAT HAPPENED?
20			
20			
20			
20			
20			

20. Do you maintain records of claims you have paid within your cargo policy deductibles (over, shortage and damage): YES / NO If yes please give details for the past 3 years:

YEAR	TOTAL AMOUNT PAID	TOTAL AMOUNT OUTSTANDING
20		
20		
20		

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21. Has any insurer within the last 5 years refused to renew or cancelled insurance to the applicant:

YES / NO If yes, please give details _____

22. Please give details of your existing cargo insurance:

a) Carrier: _____ b) Expiration date: _____
c) Existing Limit: _____ d) Existing Deductible: _____
e) Existing Rate/Premium: _____ e) Renewal Offered: _____

23. Date from which cover is required from: _____

24. Declaration:

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 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.

Signed: _____ Position: _____

Dated: _____

NEW VENTURE PROFILE

Named Insured: _____

Effective date of new venture: _____

Date of first CDL: _____

How long have you been driving tractor / trailer rigs? _____

Who did you drive for prior? _____

For how long? _____

What were you hauling prior? _____

What was your usual route(s): _____

How many accidents were you involved in during the past 5 years? _____

Describe accident circumstances: _____

Attach a copy of all MVR's to the application

What will you be hauling now? _____

For whom? _____

Who is financing the new operation? _____

Are you applying for FHWA (ICC) authority? YES / NO When? _____

Do you expect to increase the number of vehicles within 1 year? YES / NO If yes, how many? _____

Describe your hiring practices: _____

Will you allow trip leasing? YES / NO Will you use team drivers? YES / NO

Will or do family members travel you? YES / NO

Describe the vehicle maintenance program: _____

What is the anticipated gross receipts for the next year? _____

What is the anticipated annual mileage? _____

Signed:

Position:

Date: