

Use space on last page or attach an extra sheet if there is insufficient room for answers

1. Applicant: _____ doing business as:
 Company: _____ Year established _____
 Address: _____
 _____ DOT No. _____

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

3. Are Companies: a) Common Carriers [] b) Private Carriers []
 c) Contract Carriers [] d) Owner of cargo [] e) Other [] (Please give details at end of form)
 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 the approximate annual level of additional valuation charges you receive.

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

 b) Do you subcontract to other parties? _____ If so on long term (30 day+) leases or other basis? (give details) _____
 c) Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to them? _____ If so, do you maintain copies of their current insurance arrangements on file? _____

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

YEAR	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations



6. 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 debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, Tires, tobacco, cigars, cigarettes, non-ferrous metals, furs, garments*, electronics*, alcohol, beer, wine, seafood (unless canned), Pharmaceuticals*, Baby Formula, Diapers, Automobiles*, Motorcycles, Boats, Jet Skies and Mobile Homes, Household goods and/or personal effects, when forming part of a domestic removal or office relocation.

* defined as follows:

The word **garments** shall mean:-

All items of clothing including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like.

The word **electronics** shall mean:-

All items of consumer and commercial electrical appliances, Digital Data Storage Devices and instruments including but not limited to radios, televisions, computers, computer software, hard drives, chips, microchips, printed circuit boards and their components, modems, monitors, cameras, Telephones, facsimile machines, photocopiers, VCRs, DVD, hi-fis, stereos, CD players and the like. (Heavy electrical items such as switchgear, turbines, generators and the like shall be deemed not to be electronics.)

The word **automobile** shall mean:-

A land motor vehicle. Trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or any other land vehicle that is subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged.

The word **pharmaceuticals** shall mean:-

A compound manufactured for use as a medicinal drug used to diagnose, cure, treat and/or prevent disease including but not limited to medicinal products, medicines, medications and/or medicaments.

7. Form of cover required: Broad Form [] incl Reefer Breakdown ? []
 Named Peril Form []

8. List by category and percentage of the total loads shipped:

Type of cargo	Ave. Value per load	Max. Value per load	% of total loads

9. Do you require cover for cargo in terminals or at other places where vehicles are often left

overnight or at weekends either on vehicles _____? or off vehicles _____?
 If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced yard locked at night?	24 hour watchman?	Alarmed Building?	Sprinklered Building?	Max. value exposed?

10. Limits required: a) USD _____ a.o.vehicle b) USD _____ a.o.loss (vehicle accumulation) c) USD _____ a.o.terminal (off vehicles)	If Limit for 10b) is in addition to 10c), specify overall loss limit needed USD _____
--	---

Do you ever carry loads valued greater than the cargo insurance limit requested? Yes / No

The insured is required to maintain adequate coverage for the total amount of the loss. If the load value exceeds the available limits of coverage purchased by the insured at the time of the loss, the amount payable shall be the proportion of the loss in relation to the available coverage, calculated as follows.

Example:

Loss	USD 30,000	
Truck Limit	USD 100,000	
Load Value	USD 200,000	
Deductible	USD 1,000	
<u>Truck Limit</u>	USD <u>100,000</u>	= 50%
Load Value	USD 200,000	
Loss x 50% -	USD 30,000 x .50 =	USD 15,000
Less deductible	USD 1,000	
Amount Payable	USD <u>14,000</u>	

However, where the amount of the loss exceeds the available coverage purchased by the insured, the maximum payable to the insured shall be the proportion of the loss in relation to the amount of coverage purchased by the insured, calculated as follows:

Example:

Loss	USD 200,000	
Truck Limit	USD 100,000	
Load Value	USD 200,000	
Deductible	USD 1,000	
<u>Truck Limit</u>	USD <u>100,000</u>	50%
Load Value	USD 200,000	
Coverage		
Purchased x 50%	USD 100,000 x .50 =	USD 50,000
Less deductible	USD 1,000	
Amount Payable	USD <u>49,000</u>	

11. Give details of any steps taken to secure vehicles whenever left

unoccupied. _____

12. Give details of any State / Provincial cargo filings required: _____

Percentage of hauls by distance: 1-250 miles [] 251-1000 miles [] 1001+ miles []

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

Tractor Units		Reefer Trailers 10 yrs old or less	
Straight trucks		Reefer Trailers more than 10 yrs old	
Reefer trucks		Flat bed trailers	
Tank trucks		Tank trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

1		6	
2		7	
3		8	
4		9	
5		10	

15. Please give driver details:

Total no. of drivers		No. of full time employee drivers	
No. under 25 yrs old		No. of drivers on long term (30d+) lease	
No. over 60 yrs old		No. of two person driver teams	

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

17. What are the criteria you use to determine whether to fire existing drivers? _____

18. 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	Outstanding	What happened?

19. Are details of claims within deductibles ('over, shortage and damage') maintained? If so, please give details for the past 3 years:

Year	Total amount paid	Total amount outstanding

20. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?: _____ If so please give details: _____

21. Please give details of your existing cargo insurance:

Carrier	Existing deductible
Renewal offered?	Existing limit
Existing rate	Expiry date

22. Date from which insurance cover is required: _____

23. 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.

Signed _____ Dated _____
 Position _____

