



**MOTOR TRUCK CARGO PROPOSAL FORM**

**ALL QUESTIONS MUST BE ANSWERED AND THE FOLLOWING MUST BE ATTACHED:**

**1.VEHICLE LIST**

**2.DRIVER LIST WITH DATE OF BIRTH, DATE OF HIRE AND NUMBER OF YEARS HOLDING CLASS 1 (A)**

**3.FIVE YEAR LOSS HISTORY FOR - CARGO ONLY**

**4.CURRENT MVR'S FOR ALL DRIVERS.**

1. Applicant: \_\_\_\_\_ doing business as  
 Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Terminal Address: \_\_\_\_\_  
 Year Company Established: \_\_\_\_\_ (IF A NEW VENTURE PLEASE COMPLETE 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. a) Please give details of any operations carried out other than that of a carrier: \_\_\_\_\_  
 \_\_\_\_\_

b) Do you subcontract to other parties            YES / NO            If so, on long term (30 day+) leases or on  
 other basis (PLEASE GIVE DETAILS) : \_\_\_\_\_

c) Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to them:    YES / NO  
 If so, do you maintain copies of their current insurance arrangements on file:                                    YES / NO

5. 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.
19			
19			
19			
19			
19			
EST.			

6. What form of cover do you require:  
 Broad Form:                    YES / NO                    Including Reefer Breakdown:                    YES / NO  
 Named Peril Form:            YES / NO

7. 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.

8. 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
MACHINERY			
TOBACCO / CIGS etc.			
LIQUOR / BEER etc.			
PRODUCE			
CHILLED FOOD			
FROZEN FOOD			
BUILDING MATERIALS			
GARMENTS			
ELECTRONICS			
OTHER - PLEASE SPECIFY			

9. 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?

10. Limits required:            a) \$ \_\_\_\_\_ Any One Truck (single truck load)  
    b) \$ \_\_\_\_\_ Any One Loss (truck accumulation)  
    c) \$ \_\_\_\_\_ Any One Terminal (off truck)  
    d) \$ \_\_\_\_\_ Overall Loss Limit (b and c, if required)  
 Deductible preferred:        \$ \_\_\_\_\_ Each and every loss

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

12. Please give details of any FHWA (formerly ICC) / State / Provincial Cargo Filings required:  
 FHWA (formerly ICC) Docket Number: MC \_\_\_\_\_ Other \_\_\_\_\_

13. Percentage of hauls by distance in miles: 1-250 \_\_\_\_\_% 251-1000 \_\_\_\_\_% 1001+ \_\_\_\_\_%

14. 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	

15. 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			

16. 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	

The policy form **EXCLUDES ANY DRIVER** who at inception of the policy or at the date of hire, whichever is the later, is not aged between 22 and 70 years inclusive, or who within the three (3) years prior to the inception date of the policy or at the date of hire:

- i) has any *critical violations*
- ii) has more than 2 *major violations* **OR** 5 *minor violations*
- iii) has more than 1 *major violation* **AND** 3 *minor violations*
- iv) has not held a valid driver license for the truck involved for at least twenty four (24) months immediately prior to operations for which cover is required

UNLESS such driver has been accepted by the Underwriters and endorsed on to the policy, with any additional premium paid as required by the Underwriters. It is a requirement of the policy that the Insured shall obtain satisfactory references and Motor Vehicle Records from reliable sources, and keep records thereof in respect of all drivers.

The words *critical violation(s)* shall mean:

- i) Driving while intoxicated (DWI), implied consent, any suspension of the driver's license for failure to submit to alcohol testing,
- ii) Driving under the influence (DUI), implied consent, any drug related violation or any suspension of the driver's license for failure to submit to drug testing.

The words *major violation(s)* shall mean:

- i) Manslaughter or negligent homicide,
- ii) Felony involving a motor vehicle,
- iii) Racing,
- iv) Hit and Run,
- v) Reckless driving,
- vi) License suspension for points,
- vii) Driving while license suspended,
- viii) Fleeing/eluding arrest,
- ix) Multiple driver licenses not reported to the Underwriters,
- x) Accident other than whilst driving a private passenger vehicle,
- xi) Driving in excess of 100 miles per hour / 160 kilometers per hour.

The words *minor violation(s)* shall mean:

All moving violations other than the *major violations* or *critical violations* listed above and the following non-moving violations:

- i) Defective brakes,
- ii) Defective equipment,
- iii) Oversize or overweight.

Please list below any drivers for which cover is required, who fall outside these criteria, and attach details of their driving records (continue on an extra sheet if necessary):

17. Please give details of checking procedures maintained for employing new 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 AMOUNT	RESERVE AMOUNT	WHAT HAPPENED?
19			
19			
19			
19			
19			

19. 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
19		
19		
19		

20. Has any insurer within the last 5 years refused to renew or cancelled insurance to the applicant: **YES / NO** If yes, please give details \_\_\_\_\_  
 \_\_\_\_\_

21. 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: \_\_\_\_\_

22. Date from which cover is required from: \_\_\_\_\_

23. 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: \_\_\_\_\_