

Physical Damage Proposal Motor Truck and Commercial Automobile

GENERAL INFORMATION

Applicant Name: _____ Doing business as: _____

Names of any associated or subsidiary companies: _____

Previous trading name(S), is applicable: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Number of years in business: _____ *If a new venture, please complete the New Venture Profile.*

Are you / your company:

- Common carrier
 Contract carrier*
 Private carrier
 Owner of cargo
 Other Specify, including a description of other operations carried out other than that of a carrier

**If you contract on a released liability basis, please attach a specimen waybill showing how much liability you accept. Give details of your additional valuation rates and approximate annual level of additional valuation charges received.*

SUBCONTRACTORS / OWNER OPERATORS

Do you subcontract to others or employ owner operations? Yes No

If Yes, are they employed on either: Short-term lease (less than 30 days) Long-term lease (30 days or more)

Is coverage required for these subcontractors/owner operators under this insurance? Yes No

If No, are they held responsible and insured for loss or damage to the cargo you subcontract to them? Yes No

If Yes, do you obtain evidence of their current insurance coverage and hold on file: Yes No

Please give details of your actual gross receipts derived from your trucking operations for the last three (3) years:

Year	Own haul	Subcontractors	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Enter same for the forthcoming year:

Year	Own haul	Subcontractors	Total
_____	_____	_____	_____



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CARGO AT TERMINALS

Do you require cover for cargo in terminals or other places where vehicles are often left overnight or at weekends while:

Loaded on / in vehicles or trailers: Yes No *If yes, provide details below*

Unloaded: Yes No *If yes, provide details below*

Address of terminal or yard	Fully fenced and locked at night	24 hours security	Alarmed building	Sprinklered building	Max. value at risk
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

CARGO COVERAGE AND LIMITS

Form of cover required (check all applicable) Broad form Named peril form Reefer breakdown Trailer interchange

Indicate approximate 'Trailer days' per year, if applicable: _____

Limits required:

Any one truck (single truck load): _____ Any one terminal (cargo at terminals off truck): _____

Any one loss (truck accumulation): _____ Overall maximum loss limit: _____

Any one trailer (trailer interchange): _____

Preferred deductible: _____ Each and every loss

VEHICLES AND EQUIPMENT

Summary of our vehicles and equipment. Indicate quantities below:

Tractor units _____	Reefer trailers _____
Straight trucks _____	Auto carrying trailers _____
Reefer trucks _____	Flat bed trailers _____
Tank trucks _____	Tank trailers _____
Other power units _____	Other trailer units _____
Total power units _____	Total trailer units _____



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VEHICLES AND EQUIPMENT

Description of your vehicles / equipment (attach separate schedule if more than 10 units)

Model year	Make and model	Type (tractor, truck, etc)	VIN (last 6 digits)	Amount to be insured
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List Loss Payees or Lien Holders on your vehicles (or attached a separate schedule)

Will you use hired-in equipment? Yes No Will you loan out your equipment to others? Yes No

Do you haul trailers attached in tandem or Super B's? Yes No

Do you own or use truck and/or trailers other than thos listed on the previous page? Yes No

If Yes, provide details: _____

Are your vehicles and/or equipment regularly inspected and serviced? Yes No

If Yes, at what intervals: _____

Provide details of steps taken to secure vehicles whenever left unoccupied:

VEHICLES COVERAGE AND LIMITS

Form of cover required (check applicable) Comprehensive and collision Fire, theft and collision only

Limits required:

Any one truck or trailer _____

any one truck and trailer combined _____

Any one terminal _____

Preferred deductible: _____ Each and every loss



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RADIUS OF OPERATIONS

What is the usual area of operation by percentage:

Up to 100 mile radius: _____ %
 500-1000 mile radius: _____ %
 100-500 mile radius: _____ %
 Over 1000 mile radius: _____ %

DRIVERS

Please give details of all drivers

Total number of drivers: _____ Number of full time employee drivers: _____
 Number of drivers under 25 years of age: _____ Number of drivers over 60 years of age: _____
 Number of owner operator drivers on lease: _____ Number of two-person driver teams: _____

Provide details of checking procedures and criteria for employing new drivers:

Provide details of what criteria you use to determine whether to fire existing drivers:

PREVIOUS CLAIMS / LOSSES

Please give details of all previous claims or losses, whether insured or not.

CARGO

Date of loss	Description of circumstances	Amount paid	Reserve amount	Deductible applied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VEHICLES / EQUIPMENT

Date of loss	Description of circumstances	Amount paid	Reserve amount	Deductible applied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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INSURANCE HISTORY

Please give details of your existing insurance carrier(s)

Cargo

Carrier: _____

Expiration date: _____

Existing deductible: _____

Existing rate/premium: _____

Vehicles

Carrier: _____

Expiration date: _____

Existing deductible: _____

Existing rate/premium: _____

Has any insurer within the last five (5) years refused to review or has cancelled insurance to the applicant? Yes No

If yes, provide details:

DOCUMENTATION

Attach the following information:

Copy of bill of lading

Driver CVOR's

OTHER INFORMATION / REQUIREMENTS

Please provide any other information which may have an affect on this insurance or details of additional requirements or coverage. (If needed, complete on a separate sheet.)

Please check here if you would like a quote for Premium Financing.

DECLARATION

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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 and 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.

Name and title: _____

Applicant's signature _____

Date: _____



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NEW VENTURE PROFILE

Effective date of new venture: _____ Date of first CDL: _____
How long have you been driving tractor/trailer rigs? _____ years
Who did you drive for prior? _____ For how long? _____
Types of goods you were your hauling: _____
Usual route(s): _____

Number of accidents/losses you were involved in during the past five (5) years: _____
Describe accident circumstances:

Types of goods you are hauling now: _____
Are you hauling for anyone in particular? Yes No
If yes, provide details:

Who is financing the new operation? _____
Are you applying for FHWA (ICC) authority? Yes No If yes, when: _____
Do you expect to increase the number of vehicles within one (1) year? Yes No If yes, approximately 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 with you? Yes No

Describe the vehicle maintenance program: _____

Anticipated gross receipts for the next year: _____ Anticipated gross annual mileage: _____ kms

Attach a copy of all MVR's to the application

Name: _____

Signature _____

Date: _____