

MOTOR TRUCK CARGO APPLICATION

The following application must be completed in its entirety or quotation delays will result.

Questions Marked with an * are required, and quote can not be processed without them. Please ensure information is accurate, as claims may be denied if information is found to be inaccurate.

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

PART 1 – Applicant Information

*Legal Name of Applicant: _____

D/B/A Name of Applicant: _____

Name of Company Contact: _____

*Street Address: _____

*Town/City: _____ *Province: _____ *Postal Code: _____

Phone Number: _____ Fax: _____

E-Mail: _____

*Year Applicant Company Established: _____

*Number of years experience applicant has with these operations: _____

*Filings Required? Yes No *MTC Filing #: _____

If yes, please advise which provinces/states require filings (MTC only): _____

What type of Carrier is the Applicant? (Check all that apply):

Contract Carrier Common Carrier Courier Owner of Cargo Private Carrier

PART 2 – Haulage & Trucks

*** % of hauls by distance: (Total must be 100%)**

1-250 Miles _____ 251-1000 Miles: _____ 1001+ Miles: _____

% of loads not hauled by applicant's trucks

Long-term Owner Ops (>30 days): _____ Short-term or Trip Leases: _____

***Number & Type of Power Units**

	Owned by you	Owner Ops
Pick Ups		
Light Vans		
Straight Trucks		
Tractors		
Other		
Total Power Units		

***Number & Type of Trailers**

	Owned by you	Owner Ops
Flatbeds		
Container Flats		
Closed Trailers		
Tank Trailers		
Reefer Trailers (under 10 years)		
Reefer Trailers (over 10 years)		
Car Carriers		
Other		
Livestock Trailers		
B - Trains		
Super B's		
Total Trailers		

* Are tandem trailers ever hauled (for example, B-trains or C-trains)? Yes No

NOTE: Unless declared here, the policy coverage is limited to the hauling of single trailers only.

Claims will be denied if this is found to be false.

*** The policy wording excludes all coverage in Alaska. Do you wish to purchase limited coverage in Alaska: Yes No

***PART 3 – Gross Receipts**

Inception Year	Owned Trucks	Owner Ops	Brokered	Total
Current Year				
Last Year				
2 Years Prior				
3 Years Prior				

***PART 4 – Your Drivers**

Drivers' Age Profile	Your Drivers	Owner Ops
Under 25 Years		
25 - 65 Years		
Over 65 Years		

When employing new drivers what background investigations are made? _____
 Motor Vehicle Record? Yes No
 Reference from previous employer? Yes No
 Other? _____

***PART 5 – Type of Commodities**

(Must equal 100% of both parts A & B and be in whole number of %. We require % hauled, average and maximum value on each.)

A) Please list your approximate hauled commodities (Target):

Item	% Hauled	Average Value	Max Value
Alcohol			
Bullion/Fine Arts Etc.			
Documents			
Electronics			
Garments			
Household Removals			
Live Animals			
Seafood			
Tobacco			
Total - Target Commodities			

B) Please List your approximate hauled commodities (Non-Target):

***Select commodities from the below list, if you do not, your quotation may be delayed. Do not say "general freight".

Item	% Hauled	Average Value	Max Value
Air conditioning equipment			
Animal feed			
Auto parts			
Autos – not on hook			
Bakery products			
Beverages (Non Alcoholic)			
Boats			
Books			
Boxed Manufactured Items			
Building Materials			
Candy			
Canned Goods			
Carpet			
Cement in Bags			
Cement in Bulk Tankers			
Cloth			
Concrete Barriers			
Containers – Incl. Target Items			
Containers – No Target Items			
Cotton			
Drilling Mud			
Dry groceries			
Eggs (Incl. Reefer)			
Electrical equipment (not electronics)			
Fertilizers			
Frozen Food			
Gasoline (in bulk)			
Glass – plate			
Grain			
Grass / Sod			
Gravel			
Hardware			
Hay			
Heavy Machinery			
Live Poultry, incl. cages			
Logs			
Lumber			

Item	% Hauled	Average Value	Max Value
Marble			
Meat			
Milk in bulk (not reefer)			
Mobile Homes (incl. D/Wides)			
Mobile Homes (not D/Wides)			
New furniture			
Office Supplies			
Oil (in bulk)			
Oilfield Equipment			
Paint			
Pallets / Empty Crates			
Paper (boxed)			
Paper in rolls or on spools			
Peat Moss / Yard compost			
Pianos			
Pipe			
Plants (not reefer)			
Plastics			
Produce (not reefer)			
Propane			
Recreational Vehicles			
Refrigerated Loads (not seafood)			
Rig Mats			
Rock			
Rubber			
Sand			
Seed			
Soap, household cleaners			
Steel			
Tiles – Ceramic/Vinyl			
Tires			
Tobacco (raw)			
Trailers – on own wheels			
Trailers (on flatbeds)			
Wood Chips			
Other type not listed above (give details):			
Total – Non Target Commodities			
GRAND TOTAL COMMODITIES (100%)			

PART 6 – Optional Endorsements

Endorsement Type	Required		
	Yes	No	
Refrigerated Breakdown Endorsement – (minimum deductible \$2,500)	Yes	No	Deductible = _____
Riggers Endorsement	Yes	No	Limit = _____
Contingent Transit Endorsement	Yes	No	
Unattended Truck Endorsement	Yes	No	Limit = _____ (Max \$100k)
Earned Freight Endorsement	Yes	No	
Debris Removal	Yes	No	Limit = _____
LTL Endorsement (Off truck cover): (Please also enter info below)	Yes	No	
In Full Premium Endorsement (we will require a list of the VINs at binding)	Yes	No	
Trailer Interchange Endorsement – Limit (any one trailer)	Yes	No	Limit = _____
- Limit (any one loss)	Yes	No	Limit = _____
- Estimated # of trailer interchange days in next 12 months?	Yes	No	# of Days = _____
Target Interest Inclusion Endorsement - Target Goods to be Covered	Yes	No	
- Theft limit, any one loss			\$ _____ (Max = \$25,000)
- Theft deductible			\$ _____ (Min = \$5,000)

Terminal Cargo Cover

Terminal Address #1: _____

Limit: _____

(Check all that apply) Fully Fenced/Gates 24 Hour Guards Building Alarms Building Sprinklers

Terminal Address #2: _____

Limit: _____

(Check all that apply) Fully Fenced/Gates 24 Hour Guards Building Alarms Building Sprinklers

*PART 7 – Current Policy Details

*Current Insurer: _____

Policy #: _____ Expiry: _____ Premium: _____

Current Auto Liability Insurer: _____

Policy #: _____ Expiry: _____ Deductible: _____

*LIMITS Required

*Per Truck Limit: _____

*Per Loss Limit: _____

*Deductible: _____ Deductible Basis: Each and Every Loss

If you have any special conditions: _____

***PART 8 – Loss History**

Loss information, last 5 years. Please complete, whether the loss insured or not.

Date of Loss	Deductible	Amt Paid	Amt Pending	Describe Losses

* Has any insurer refused to renew or cancelled your policy in the past 5 years? Yes No

If yes, please explain: _____

***PART 9 – Additional Remarks**

Please provide all other material information about the risk: _____

***PART 10 – Unit Schedule**

Please provide year, make, model & VIN # of all MTC units, as our policy is on a named truck policy, we can not bind cover without this information first.

Type	Year	Make	Model	VIN

***PART 11 – Signatures**

Date: _____ Signature of Insured: _____

Date: _____ Signature of Broker/Agent: _____

PART 12 – Claims/Loss History Warranty

I/We _____

Owner(s) of the business _____

operating in the Province of _____ and in the Country of Canada; hereby understand, agree and warrant that the loss/claims history provided in the above application is correct including the involvement of myself / ourselves in any commercial limited companies or private ventures, and is the complete and detailed loss history of all losses (paid or unpaid) occurring in the last five (5) years.

Signed and dated this the _____ day of the months of _____, _____
yyyy

Print Name: _____ Signature: _____ Brokers Signature: _____