

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 _____
 Number of years of experience _____
 Address: _____

 ICC Docket No. MC _____

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

3. Are Companies: Common Carriers Private Carriers Contract Carriers
 Owner of cargo 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 &/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, alcohol, liquor, beer, wine, garments (*defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like*), seafood unless canned, and 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, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered to be electronics*).

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
Machinery			
Tobacco			
Produce			
Chilled Food			
Frozen Food			
Building Materials			

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) \$ _____ a.o.vehicle
- b) \$ _____ a.o.loss (vehicle accumulation)
- c) \$ _____ a.o.terminal (off vehicles)

If Limit for 10b) is in addition to 10c), specify overall loss limit needed \$ _____

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

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

12. Give details of any I.C.C. or 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		Do you haul tandem trailers?	
Total number of power units		Total number of trailers	

14. Please give year, make and serial number of power unit 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. 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 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 _____

Continued from question:

DRIVERS SCHEDULE

INSURED NAME:

POLICY NUMBER:

Name of Driver	Date of Birth	License #	Held Class 1 Since	

