

**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 Number: .....

Email:.....

\* 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? (circle 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:**

	<u>Owned by you</u>	<u>Owner Ops</u>
<b>Pick Ups:</b>		
<b>Light Vans:</b>		
<b>Straight Trucks:</b>		
<b>Tractors:</b>		
<b>Other:</b>		
<b><u>Total Power Units:</u></b>		

**\*Number & types of trailers:**

	<u>Owned by you</u>	<u>Owner Ops</u>
<b>Flatbeds:</b>		
<b>Container Flats:</b>		
<b>Closed Trailers:</b>		
<b>Tank Trailers:</b>		
<b>Reefer Trailers Under 10 years:</b>		
<b>Reefer Trailers Over 10 years:</b>		
<b>Car Carriers:</b>		
<b>Other:</b>		
<b>Livestock Trailers:</b>		
<b>B - Trains:</b>		
<b>Super B's:</b>		
<b><u>Total Trailers:</u></b>		

\* 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):

<u>Item</u>	<u>% Hauled</u>	<u>Average Value</u>	<u>Max Value</u>
Alcohol			
Bullion/Fine Arts Etc.			
Documents			
Electronics			
Garments			
Household Removals			
Live Animals			
Seafood			
Tobacco			
<b><u>Total – Target Commodities:</u></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”.

<u>Item</u>	<u>% Hauled</u>	<u>Average Value</u>	<u>Maximum Value</u>
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			



# SPECIAL RISK INSURANCE MANAGERS

Suite 103, 8411 – 200th St. Langley BC. V2Y 0E7  
TOLL FREE 1800 993 6388 | FAX 604 888 1008 | [WWW.SRIM.CA](http://WWW.SRIM.CA)

Item	% Hauled	Average Value	Maximum Value
Hardware			
Hay			
Heavy Machinery			
Live Poultry, incl. cages			
Logs			
Lumber			
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			

Item	% Hauled	Average Value	Maximum Value
Tiles – Ceramic/Vinyl			
Tires			
Tobacco (raw)			
Trailers – on own wheels			
Trailers (on flatbeds)			
Wood Chips			
Other type not listed above (give details):			
<b><u>Total – Non Target Commodities:</u></b>			
<b><u>GRAND TOTAL COMMODITIES (100%)</u></b>			

**Part 6 – Optional Endorsements**

Endorsement Type	Required	
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?		# 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: .....

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

Terminal Address #2:.....

Limit: .....

(Circle 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**

.....

.....

**\* 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