

TRUCKING AND TRANSPORTATION APPLICATION

GENERAL INFORMATION

Full name of Applicant: _____

Full address of Applicant: _____

Year applicant Company established: _____ Business Description: _____

Number of years experience the Applicant has with these operations: _____

Has applicant had previous Physical Damage or Cargo policy cancelled/non renewed in the past 5 years?: _____

If yes, state when and the reason for cancellation or non renewal: _____

Full address of Principal Terminals, if other than above: _____

Details of Fire and Theft precautions installed/adopted at Terminal/s: _____

Are all units commercially rated and used only for commercial purposes? Yes No

With respect to applicable Provinces Auto Physical Damage, does the insured carry Direct Compensation Property Damage insurance?
 Yes No

If no, has the insured opted-out/declined to carry DCPD coverage? Yes No

OPERATIONS:

Radius of Operations:

Distance Travelled	Canada	USA
0 – 150 KM		
150 – 500KM		
500 – 1500KM		
1500 – 2500KM		
Over 2500 KM		

Gross Revenue:

Year of Account	Gross Revenue	Canada %	USA %
Curent Year			
Last Year			
2 Years Prior			
3 Years Prior			

BUSINESS ACTIVITIES:

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

Contract Carrier
 Common Carrier
 Courier
 Owner of Cargo
 Private Carrier

Please also give approximate Total Insured Value of Schedule (ACV Basis) for last three years:

Year of Account	Total Value of Schedule
Current Year	\$
Last Year	\$
2 Years Prior	\$

Will any of your scheduled equipment ever be loaned, rented or leased to any third party? Yes No

If yes, who will be responsible for loss and/or damage to such loaned, rented or leased equipment while in the care, custody and control of third parties? _____

Do you own or use Trucks and/or Trailers other than those specified elsewhere in this proposal form? Yes No

If yes, specify such vehicles and state reasons why insurance is not required _____

MOTOR TRUCK CARGO

Please confirm MTC limit required: _____

(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			

Item	% Hauled	Average Value	Max Value
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			
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			

Item	% Hauled	Average Value	Max Value
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%)			

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 \$100,000)
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)

Trailer Interchange covers trailers in your possession **for a period of less than 14 days**, for which you are legally liable for loss or damage to under written agreement.

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

DRIVERS SCHEDULE

Name of Driver	Date of Birth	License Number	No. of months Class 1 Canadian/US experience:

LOSS HISTORY

Please complete the loss information for the last 5 years:

APD

Date of Loss	Open/Closed	Amount Paid	Reserve Amount	Description of loss

MTC

Date of Loss	Open/Closed	Amount Paid	Reserve Amount	Description of loss

Please attach to this application form a full description of all vehicles etc. to be insured; specifying for each unit, the following:

- Item number
- Name of Manufacturer
- Model Year
- Type of Unit (truck, trailer, semi-trailer, tractor etc.)
- Serial number
- Current Actual Cash Value (A.C.V.)
- Loss Payee

Target Premium (if known): _____

DECLARATION

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as part of the commencement date of said insurance and in accordance with all terms thereof and the said applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

Signed at:

This _____ day of _____ year _____

Applicant Signature: _____

Agent Signature: _____

Address of Agent: _____