



MOTOR TRUCK CARGO APPLICATION

1. Applicant: _____ doing business as: _____
 Company: _____ Year established: _____
 Address: _____
 (Number) (Street) (City) (State) (Zip Code)
 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 _____

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 days+) leases or other basis? (Give Details)

Yes No

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?

Yes No
 Yes No

5. Drivers List:

Name	Date of Birth	DL Number	State	License Class	# of Yrs CDL Exp	Date of Hire

6. 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



MOTOR TRUCK CARGO APPLICATION

7. 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 9: 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*).

8. Form of cover required:

Broad Form incl Reefer Breakdown Named Peril Form

9. 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			

10. 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?

Yes No
 Yes No

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?

11. Limits required:

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

If Limit for 11b) is in addition to 11c), specify overall loss limit needed \$ _____

Do you ever carry loads valued greater than the cargo insurance limit requested?

Yes No



MOTOR TRUCK CARGO APPLICATION

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

13. 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

14. 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		Other Trailers	
Total Number of Power Units		Total Number of Trailers	

15. Vehicle List:

Year	Make	Veh Type	VIN #

16. 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	

17. Please give details of checking procedures maintained for employing new drivers:

18. What are the criteria you use to determine whether to fire existing drivers?



MOTOR TRUCK CARGO APPLICATION

19. 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 years:

Year	Paid	Outstanding	What Happened?

20. 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

21. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?
If so please give details:

Yes No

22. Please give details of your existing cargo insurance:

Carrier		Existing deductible	
Renewal offered?		Existing limit	
Existing rate		Expiry date	

23. Date from which insurance cover is required: _____

24. 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 _____