

MOTOR TRUCK CARGO PROPOSAL FORM

1. Insured: _____

Address: _____

Established: _____

2. Names and Addresses of Associated or Subsidiary Companies to be included:

3. Are Companies: a) Common Carriers: _____

b) Contract Carriers: _____ (if so attach copy of contract)

c) Owner of Cargo: _____

d) Carrier exempt from ICC regulations: _____

e) Other - give details: _____

4. a) Do any of the companies to be insured perform any operations other than that of a carrier: _____

b) Do any of the companies to be insured sub-contract to other parties. If so, Long (30 days plus), or short term leases: _____

c) Are sub-contractors insured for their cargo liability? _____

(If yes, please give details of steps taken to establish extent of cover provided, and to ensure cover remains in force).

Please attach details of any YES answers to the above

5. Can you accurately record the actual values of the goods you carry: _____

6. Please provide the following information in respect of the past 5 years:

YEAR	GROSS RECEIPTS	NUMBER OF LOADS	PERCENTAGE SUBCONTRACTED

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7. Do you carry any of the following:

Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewellery and/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 and/or ingot form, furs, garments, alcohol, beer, wine, radios, televisions, hi-fi's, and computers.

Please specify: _____

8. List by category and estimated percentage of the total loads shipped as follows:

TYPE OF CARGO	MAXIMUM VALUE PER LOAD	AVERAGE VALUE PER LOAD	PERCENTAGE OF TOTAL NUMBER OF LOADS
HEAVY MACHINERY			
ELECTRICAL EQUIP.			
WEARING APPAREL			
TOBACCO/ CIGARETTES			
BEER/WINES/ SPIRITS			
PRODUCE			
CHILLED FOOD			
FROZEN FOOD			
OTHER (SPECIFY)			

9. Limits required \$ _____ any one vehicle.
 \$ _____ any one loss.

10. Are vehicles left loaded and unattended in terminals or otherwise:

a) during the day: _____ or b) overnight: _____ if either answer is yes, give details of any security precautions taken to secure vehicle and cargo: _____

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11. Do you require cover liability to cargo in terminals?

a) on vehicles: _____ b) off vehicles: _____ if either answer is yes, are terminal(s)

c) sprinklered: _____ d) alarmed: _____ e) fenced: _____

f) watchmen = 24 hr: _____ other: _____ g) fire rate (if known): _____

12. Radius of operations:

Less than 250 miles: _____ % 250-1000 miles: _____ %

1000 miles +: _____ %

13. Number of plain trucks: _____ Number of plain trailers: _____

Number of reefer trucks: _____ Number of reefer trailers: _____

Number of tractors: _____ Total number of vehicles: _____ of which _____ are

OWNED, and _____ are LEASED.

Average age of vehicles: _____ years.

14. Total number of drivers: _____ of which _____ are full time employees, _____ are on long term lease (30 days plus), and _____ are on short term lease.

Number of drivers under 25 years of age: _____

Number of drivers over 60 years of age: _____

15. List State(s) / Provinces with whom Filing required: _____

16. I.C.C. Docket Number(s): _____

B.C. Filing MC Reference No. or Application No.: _____

17. Loss experience whether insured or not on All Risks / Broad Form basis FROM 1ST DOLLAR / WITH NO DEDUCTIBLE for past 5 years:

YEAR	\$ TOTAL	NO. OF LOSSES	BRIEF DETAILS OF MAJOR LOSSES

Attach separate sheet if necessary

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18. Are over, shortage and damage statistics maintained: _____ if so give totals open and paid for each of past 3 years:

19___ \$ open = \$ paid

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19. Give details of checking procedures maintained for employing new drivers:

20. Has any insurer within the past 5 years refused to renew or cancelled insurance to applicant:
If so, please give details: _____

21. Please give details on following:

a) Previous Carrier: _____

b) Expiration Date: _____

c) Limits Carried: _____

d) Present Rate/Premium: _____

22. Date from which insurance cover required from: _____

23. 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: _____

POSITION: _____

DATE: _____