

GLUK - MOTOR TRUCK CARGO PROPOSAL FORM
 For use with SUM-PAR Motor Truck Cargo Broad Form (1)

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 _____
 Address: _____
 _____ DOT No. _____

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

3. Are Companies: a) Common Carriers b) Private Carriers
 c) Contract Carriers d) Owner of cargo e) 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? Yes No, 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? Yes No,
 If so, do you maintain copies of their current insurance arrangements on file? Yes No

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

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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 Yes No? or off vehicles 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?

10. Limits required:
 a) USD _____ a.o. vehicle
 b) USD _____ a.o. loss (vehicle accumulation)
 c) USD _____ a.o. terminal (off vehicles)

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

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

The insured is required to maintain adequate coverage for the total amount of the loss. If the load value exceeds the available limits of coverage purchased by the insured at the time of the loss, the amount payable shall be the proportion of the loss in relation to the available coverage, calculated as follows.

Example:

Loss	USD 30,000			
Truck Limit	USD 100,000			
Load Value	USD 200,000			
Deductible	USD 1,000			
<u>Truck Limit</u>	<u>USD 100,000</u>	=	50%	
Load Value	USD 200,000			
Loss x 50% -	USD 30,000 x .50 =	USD 15,000		
Less deductible	USD 1,000			
Amount Payable	USD	<u>14,000</u>		

However, where the amount of the loss exceeds the available coverage purchased by the insured, the maximum payable to the insured shall be the proportion of the loss in relation to the amount of coverage purchased by the insured, calculated as follows:

Example:

Loss	USD 200,000			
Truck Limit	USD 100,000			
Load Value	USD 200,000			
Deductible	USD 1,000			
<u>Truck Limit</u>	<u>USD 100,000</u>	=	50%	
Load Value	USD 200,000			
Coverage				
Purchased x 50%	USD 100,000 x .50 =	USD 50,000		
Less deductible	USD 1,000			
Amount Payable	USD	<u>49,000</u>		

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

12. Give details of any 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 years old or less	
Straight trucks		Reefer Trailers more than 10 years old	
Reefer trucks		Flat bed trailers	
Tank trucks		Tank trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

	Year, Make, Model	Full VIN #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

15. Please give driver details:

Total no. of drivers		No. of full time employee drivers	
No. under 25 years old		No. of drivers on long term (30d+) lease	
No. over 60 years 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? _____

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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?: Yes No, If so please give details: _____

21. Please give details of your existing cargo insurance:

Carrier		Existing deductible	
Renewal offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Existing limit	
Existing rate		Expiry date	

22. Date from which insurance cover is required: _____

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 _____ Dated _____

Position _____

