

MOTOR TRUCK CARGO APPLICATION (4/18)

THIS APPLICATION MUST BE COMPLETED, SIGNED AND DATED BY THE APPLICANT.

NEW RENEWAL of Certificate/Policy No. _____

DOT#: _____ DMV/CA# _____ Website _____

1. Name of Applicant: _____

2. DBA: _____

3. Owners name: _____

4. Number of years in this business under current name: _____

5. Mailing address: _____

6. Address of principal terminal / garaging if other than above: _____

7. Requested Effective Date: From: _____ To _____

8. Please give details of any operations carried out other than that of a carrier: _____

9. Owner Operator? Yes/ No,
Planning to Lease any Owner Operators? Yes/ No If YES Estimate # of unit _____

10. Do you subcontract to other parties? Yes No
If so on long term (30 day+) leases or other basis? (give details) _____

11. Are subcontractors responsible on 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

12. Name of previous carrier: _____

13. Name of carrier of liability: _____

14. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?
 Yes No
If so please give details _____

15. Has the applicant filed personal or professional bankruptcy within the past 5 years? Yes No
If yes, please provide details. _____

16. Has the applicant been convicted of a felony Yes No
If yes, please provide details. _____

17. Was a Renewal offered? Yes No Expiry date _____ Existing limit _____

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

19. Prior carrier and loss history for the past three years

From	To	Motor Truck Cargo Carrier Name	Losses	
			Number	Amount

20. Does applicant understand that they will be required to report all new drivers to the company before they are allowed to operate any vehicles? Yes No Please review the Driver Criteria form

Driver Schedule

21. Please list all drivers (If more than 10 use Diver Schedule/Extension list)

#	Drivers Full Name	Date of Birth	Driver's License		No. Yrs. Commercial Driving	No. Yrs. Employed By Applicant	No. of Accidents Last 3 Yrs.
			State	License Number			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Vehicle Schedule

22. Description of Vehicle NOT including Non-Owned Trailers (If more than 12 use vehicle schedule/extension list)

Unit #	Year, Full Make Name, Model	Full Vin#
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

MOTOR TRUCK CARGO

23. Limits required: a) _____ Per vehicle b) _____ Total (vehicle accumulation)			
24. No. of units _____			
25. Do you ever carry loads valued greater than the cargo insurance limit requested? <input type="checkbox"/> Yes <input type="checkbox"/> No			
26. Deductible Requested <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,000 or 1% of load value whichever the greater			
27. Contingent cargo: Limit \$ _____ Prior year's total Income (Before expenses) \$ _____ Prior year's net Income \$ _____ Estimated total Income (Before expenses) \$ _____			
28. Please give gross receipts to respect of your trucking operations for past 3 years			
Year	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations
29. Include Reefer Breakdown <input type="checkbox"/> Yes <input type="checkbox"/> No Number of units up to 10 years of age _____ Number of units 11 to 15 years of age _____ Number of units over 15 years of age _____			
30. Include Target goods <input type="checkbox"/> Yes <input type="checkbox"/> No Sublimit requested <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Other _____ Deductible Requested <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000			
31. The following interests are <u>excluded</u> under the basic policy form, but can normally be covered at additional premium if requested. Please Check any you wish to be covered			
<input type="checkbox"/> Appliances <input type="checkbox"/> Alcohol, other than Beer and/or Wine <input type="checkbox"/> Bulk & Bagged Nuts <input type="checkbox"/> Beer and/or Wine <input type="checkbox"/> Copper <input type="checkbox"/> Electronics* <input type="checkbox"/> Equipment, over 500 pounds each item	<input type="checkbox"/> Furs <input type="checkbox"/> Fabric manufactured to be made into any type of clothing <input type="checkbox"/> Flowers, Horticulture and Plants <input type="checkbox"/> Garments* <input type="checkbox"/> Machinery <input type="checkbox"/> Metal <input type="checkbox"/> Metal Coils	<input type="checkbox"/> Mobile Equipment <input type="checkbox"/> On Hook Cargo <input type="checkbox"/> Pharmaceuticals - Over the counter* <input type="checkbox"/> Pharmaceuticals- Prescription* <input type="checkbox"/> Seafood, unless canned <input type="checkbox"/> Tires <input type="checkbox"/> Tobacco, Cigarettes and/or Cigars	
* defined as follows: -The word garments shall mean:- All items of clothing including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like. -The word electronics shall mean:- All items of consumer and commercial electrical appliances, Digital Data Storage Devices and instruments including but not limited to radios, televisions, computers, computer software, hard drives, chips, microchips, printed circuit boards and their components, modems, monitors, cameras, Telephones, facsimile machines, photocopiers, VCRs, DVD, hi-fis, stereos, CD players and the like. (Heavy electrical items such as switchgear, turbines, generators and the like shall be deemed not to be electronics.) - The word pharmaceuticals shall mean:- A compound manufactured for use as a medicinal drug used to diagnose, cure, treat and/or prevent disease including but not limited to medicinal products, medicines, medications and/or medicaments.			

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.

Applicant Signature:	Date:
Position:	

Broker Signature: _____

Broker Name & Address: _____

Additional Interests: <input type="checkbox"/> Yes <input type="checkbox"/> No	
1	Name: Address:
2	Name: Address:
3	Name: Address:
4	Name: Address: