



Motor Truck Cargo

Name of Applicant: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Years in Business: _____ Years of Experience: _____ Type of Carrier: _____

1. Does the applicant always use a Bill of Lading with \$2/lb limitation of liability? Yes No

2. Radius of Operations by distance – **Must equal 100%**

%Travelled – 250 KM	%Travelled – 251 – 500 KM	%Travelled – 500+ KM

3. Territory of Operations

Canadian provinces	% Travelled
1)	
2)	
3)	
4)	
Other:	
100%:	

US States	% Travelled
1)	
2)	
3)	
4)	
Other:	
100%:	

4. **Number & Type of Power Units**

	Owned by you	Owner ops
Pick Ups		
Light Vans		
Straight Trucks		
Tractors		
Other		
Total Power Units		

5. **Number & Type of Trailers**

	Owned by you	Owner ops
Flatbeds		
Container Flats		
Closed Trailers		
Tank Trailers		
Reefer Trailers (under 10 years)		
Reefer Trailers (over 10 years)		
Car Carriers		
Other		
Livestock Trailers		
B- Trains		
Super B's		
Total Trailers		

6. **Revenues**

Gross Receipts	Canadian \$	USA \$	Total \$
Est. for next 12 months			
Prior 1 Year			
Prior 2 Year			
Prior 3 Year			
Prior 4 Year			

MTC Limits

What policy limits do you require?

Truck Limit	\$
Loss Limit	\$
Deductible	\$

CGL Limits

What policy limits do you require?

GGL Limit	\$
Do you have a target premium?	\$

7. Safety, Maintenance & Employment Selection

- a. Is there a vehicle maintenance & inspection program? Yes No
- b. Is there a No loss bonus program in place? Yes No
- c. Do you attain references? Yes No
- d. Do you review driver abstracts? Yes No
- e. Are the units equipped with alarms? Yes No
- f. Are the units equipped with fire extinguishers? Yes No
- g. Are the units equipped with GPS? Yes No
- h. Are you part of any trucking association? Yes No
- i. Are the units equipped with dash cam? Yes No
- j. Are the units equipped with Collision avoidance systems, Driver monitoring systems? Yes No
- k. Are the units equipped with Telematics? Yes No
- l. Is there a Full-time Safety Supervisor? Yes No
- m. Do drivers (or operators) share in the deductible if there is a "loss"? Yes No
- n. Are written records of vehicle maintenance condition maintained? Yes No
- o. Are records kept of all incidents and drivers debriefs? Yes No

¹ Dash Cam – a video camera mounted and used to continuously record activity through the vehicle’s windshield.
² Telematics – technology used for monitoring cars, trucks, equipment and other assets by using GPS technology and on-board diagnostics (OBD) to plot the asset’s movements on a computerized map.
³ Vehicle security measures – GPS tracking systems, alarm systems

8. Safety Features

	Owned	Non-owned
Are all units equipped with temperature gauges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all temperature gauges clearly visible to the driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are logs kept (attach sample copy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe procedures followed by driver in the event of a break-down: _____

Are any units equipped with:	Describe:
Two-way Radios <input type="checkbox"/> Yes <input type="checkbox"/> No	
Two Person Crews <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cellular Telephones <input type="checkbox"/> Yes <input type="checkbox"/> No	

Any other security feature: _____

9. Please complete whether the loss was insured or not.

Year	Deductible	Amount Paid \$	Amount Pending \$	Describe Major Losses
Prior Year				
Prior 2 Years				
Prior 3 Years				
Prior 4 Years				
Prior 5 Years				
Current Insurer:				Policy Expiry Date: (dd/mm/yyyy)
Current Premium:				Current Deductible:
Has any insurer within the past 5 years refused to renew, or cancelled your policy?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Drivers Age Profile	#Drivers	Commercial Driving Experience (Years)
Under 23		
24- 65		
Over 65		

10. Confirm Average Driver Experience of Fleet:

- Under 2 years Yes No
- 2 -5 years Yes No
- 5 -10 years Yes No
- 10 years + Yes No

Driver List

Name	DOB	Years of Comm exp.	Certifications	License #	Held Class 1 Since

If More drivers use Driver Supplemental

11. What is the minimum age of a driver before being eligible for employment? _____ Years
12. What is the minimum number of years commercial trucking experience required? _____ Years
13. Are there any drivers that has 3 years of commercial driving experience but less than 3 years of experience in the proposed class? Yes No

If Yes, kindly confirm the drivers and their years of experience in the proposal class?

14. Does the driver selection process include:

Road Test:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review of Driver Abstracts:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mountain Experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Application:	<input type="checkbox"/> Yes <input type="checkbox"/> No

All drivers to be considered must have the following or a referral is required:

- No **critical violations**, and
- No more than two (2) **major violations**, and
- No more than three (3) **minor violations**

The words **critical violation(s)** shall mean:

- i. Driving while intoxicated (DWI), implied consent, failure to submit to alcohol testing;
- ii. Driving under the influence (DUI), implied consent, any drug related violation, failure to submit to drug testing;
- iii. Manslaughter or negligent homicide;
- iv. Hit and Run;
- v. Fleeing/eluding arrest. and/or
- vi. Driving in excess of 100 miles per hour/ 160 kilometers per hour
- vii. That has/have occurred within the twenty-four (24) months prior to the inception date of this policy or to the date of hire of the driver, whichever is the later and in connection with the use of any type of motor vehicle.

The words **major violation(s)** shall mean:

- i. Felony (other than described in critical violations above) involving a motor vehicle;
- ii. Use of Use of handheld electronic device;
- iii. Racing;
- iv. Reckless driving;
- v. Multiple driver licenses not reported to the Underwriters; and/or
- vi. Chargeable Accident
- vii. That has/have occurred within the twenty-four (24) months prior to the inception date of this policy or to the date of hire of the driver, whichever is the later and in connection with the use of any type of motor vehicle.

The words **minor violation(s)** shall mean:

Any moving violation(s) other than the critical violations and major violations listed above and the following non-moving violations:

- i. Defective brakes;
- ii. Defective or deficient equipment, and/or
- iii. Oversize or overweight

15. Any driver with any critical violations? Yes No
16. Any driver with more than 2 major violations? Yes No
17. Any driver with more than 3 Minor violations? Yes No

If yes to any question above, then kindly mention the drivers here?

18.

Couriers/Amazon/Mail/HHG Risks
Minimum of 2 years in business
Total US exposure less than 20%
MTC limit CAD 50,000 or under
Minimum deductible CAD 5,000

Target Goods

Type of Cargo	% of Hauls	Avg. Value \$	Max Value \$
Alcohol			
Bullion, Fine Arts, etc.			
Documents			
Electronics			
Garments			
Household Movers			
Live Animals			
Seafood			
Tobacco			
Amazon			
Total			

19. **Hauled Commodities – Non-Target Goods**

General Freight must be broken down to describe the commodities hauled.

Type of Cargo	% of Hauls	Avg. Value \$	Max Value \$
Air Conditioning Equipment			
Animal Feed			
Autos – Not on Hook			
Auto Parts			
Bakery Products			
Beverages (Non Alcoholic)			
Boats			
Books			
Boxed Manufactured Items			
Building Materials			
Candy			
Canned Goods			
Carpet			
Cloth			
Cotton			
Dry Groceries			
Electrical Equipment (not electronics)			
Fertilizers			
Gasoline (in bulk)			
Grain			
Gravel			
Hardware			
Hay			
Heavy Machinery			
Logs			
Lumber			
Meat			
Milk in bulk (not reefer)			
Mobile Homes (includes D/Wides)			
Mobile Homes (not D/Wides)			
New Furniture – I.e. hauling for a furniture store			
Oil (in bulk)			
Oil field equipment			
On Hook – For autos/ Trucks			

Paint			
Paper (boxed)			
Paper in Rolls or on Spools			
Pipe			
Paints (not reefer)			
Plastics			
Produce (not reefer)			
Recreational Vehicles			
Refrigerated Loads (not seafood)			
Rubber			
Sand			
Seed			
Soap, household Cleansers			
Steel			
Tires			
Tobacco (raw)			
Trailers – (on own wheels)			
Trailers – (on flatbeds)			
Trailers – On			
Wood Chips			

20. Do you haul any oversize, or overweight loads?

Yes No

If Yes, describe: _____

21. Do you use pilot (escort) cars?

Yes No

If Yes, describe: _____

22. Do you obtain permits for all oversize and overweight loads?

Yes No

23. Endorsement		Limit \$
1	Cargo on Trailers in Tandem Endorsement – Please advise what percentage of the operation uses trailers in tandem: _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Refrigerated Breakdown Endorsement. Min Deductible \$2,500. Min. Deductible \$5,000 if unit older than 10 years	\$
	Confirm the age of refer units: 0 to 5 years old 6 to 10 years old Over 10 years old	# of Reefer Units in this range _____ _____ _____
3	Riggers Endorsement	\$
4	Contingent Transit Endorsement (Truck Brokering).	\$
5	Unattended Truck Endorsement	\$
6	Earned Freight Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Debris Removal Endorsement	\$
8	L.T.L. Endorsement (off truck cover)	\$
	Cover for cargo UNLOADED from trucks is required at the following terminals	\$
	Address	Limit \$
	A	\$
	B	\$

24. **Prior to Bind Checklist:**

Signed application Yes No Driver MVR's (within the last 3 months) Yes No
 Driver Supplemental Yes No Vehicle List Yes No
 Confirm no driver under 21 Yes No

The undersigned on behalf of the Applicant declares that the statements set forth are true. The undersigned on behalf of the Insured agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. Signing of this Application does not bind the Applicant/Insured or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Any failure to provide accurate answers or any incorrect responses in the sections above may result in the nullification of any insurance policy issued by the Underwriters for this risk.

Date: _____

Signed: _____

Position: _____

*****Driver Supplemental and Vehicle Listing are attached**

