

**MOTOR TRUCK CARGO APPLICATION
2019**



ALL QUESTION IN BOLD TYPE MUST BE COMPLETED.

1. Applicant: _____
 doing business as: _____
Company: _____ **Year established** _____
Address _____
City, State, Zip _____ **DOT #** _____
Phone Number: _____
Website/e-mail address: _____

2. Type of Company: Common Carriers Private Carriers Contract Carriers
 Owner of cargo Other: _____

3. 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 others basis? (give details) _____
 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? _____

4. Please provide Gross Receipts for your Trucking operation for the past 3 years:

YEAR	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations

5. EXCLUDED PROPERTY: The following interests which are **excluded** under the policy form can normally be covered at additional premium but only if requested. Please circle any you wish to be covered and include details of such loads in your answer to question 23. **Coverage does not apply for any of the following interests unless it is specifically accepted by the Underwriters and endorsed on to the policy.**
 Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings.
 Tobacco, cigars, cigarettes, pharmaceuticals, perfume, eau de toilette, non-ferrous metal in scrap and/or ingot form, furs, all forms of alcohol intended for human consumption other than beer, seafood unless

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8. Trailer Interchange coverage requested: **Yes** **No**

If yes, please complete below:

Limits required: \$ _____ per vehicle

Deductible: \$ _____

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

If yes, explain: _____

9. Limits required: a) \$ _____ per vehicle

b) \$ _____ per loss (vehicle accumulation)

c) \$ _____ per terminal (off vehicles)

d) \$ _____ Deductible

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

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

11. Do you require any I.C.C. , State or Provincial cargo filings: Yes No

If yes, please list: _____

12. 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	

13. Please give power unit year, make, vehicle identification numbers if scheduled vehicle policy required:

	Make	Year	VIN
1			
2			
3			
4			
5			
6			
7			

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8			
9			
10			

14. Driver & Employee Information

Total no. of drivers		Total number of full time Employees	
No. under 25 yrs old		No. of drivers on long term (30d+) lease	
No. over 60 yrs old		No. of two-person driver teams	

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

16. What are the criteria you use to determine whether to fire existing drivers: _____

17. Please give details of your cargo loss experience whether insured or not, for the past 5 years. PLEASE NOTE "N/A" IS NOT AN ACCEPTABLE RESPONSE. If there have been no losses, please indicate "NO LOSSES"

Year	Paid	Outstanding	What happened?

18. 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

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

20. Please give details of your existing cargo insurance:

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

21. Date from which insurance cover is required: _____

22. 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 _____

No coverage is afforded under this policy unless the driver operating the covered automobile:

- i) is aged between twenty-two (22) and seventy (70) years inclusive, and;
- ii) has no **critical violations**, and;

in the 24 months preceding the inception date of this policy:

- a. has had no more than two (2) **major violations** and;
- b. has had no more than three (3) **minor violations**, and;
- c. has continuously held a driver license which is valid for the *automobile* involved;

unless such driver has been accepted in writing by the Underwriters and endorsed on to this policy, with any additional premium paid and/or other amended terms as required by the Underwriters.

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

- i) Driving while intoxicated (DWI), implied consent, any suspension of the driver's license for failure to submit to alcohol testing,
- ii) Driving under the influence (DUI), implied consent, any drug related violation or any suspension of the driver's license for failure to submit to drug testing

that has/have occurred within the three (3) years prior to the inception date of this policy or to the date of hire of the driver, **whichever is the later**.

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

- i) Manslaughter or negligent homicide,
- ii) Felony involving a motor vehicle,
- iii) Racing,
- iv) Hit and Run,
- v) Reckless driving,
- vi) License suspension for points,
- vii) Driving while license suspended,
- viii) Fleeing/eluding arrest,
- ix) Multiple driver licenses not reported to the Underwriters,
- x) Accident other than while driving a private passenger vehicle,
- xi) Driving in excess of 100 miles per hour / 160 kilometers per hour

That has/have occurred within the three (3) years prior to the inception date of this policy or to the date of hire of the driver, **whichever is the later**.

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 equipment,
- iii) Oversize or overweight

That has/have occurred within the three (3) years prior to the inception date of this policy or to the date of hire of the driver, **whichever is the later**.

The Insured must check All Drivers MVR's within 7 days of employment with the subject trucking firm or within 7 days of inception of this policy. No MVR to be older than 3 months.

Additional Comments:

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New Venture Supplemental

(to be completed by any risk with less than three years of loss runs)

1	Effective date of new venture:	Date of first CDL:
2	How long have you been driving tractor / trailer rigs?	
3	Who did you previously drive for?	For how long?
4	What types of goods were you previously hauling?	
5	What was / were your usual route(s)?	
6	How many accidents or losses were you involved in during the past 5 years? Describe the circumstances of the accidents or losses:	
7	Will you be hauling for anyone in particular?	
8	Who is financing the new venture?	
9	Are you applying for FHWA (ICC) authority?	Yes No If yes when?
10	Do you expect to increase the number of your vehicles within 1 year? If yes, how many?	Yes No

11. *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 _____

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**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended (TRIA), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102 (1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019; 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD 100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES FOR ALL INSURERS EXCEED USD 100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

_____ I hereby elect to purchase coverage for acts of terrorism for a prospective premium of
USD _____

_____ I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I
will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicants Signature

Print Name of Risk

Date

Policy Number