



**Applicant**

Name of Applicant:					
Address:					
Country:					
City:		Prov:		Postal:	
Years in Business:		Years of Experience:		<i>Insured must have minimum 3 years experience</i>	
Type of Carrier:					

**Commonly declined risk: Towing operations, Hauling of boats, hauling more than 4 automobiles, cement, petrochemicals, couriers and explosives.**

**Radius of Operations by distance - Must equal 100%**

<b>&lt; 80 KM</b>	<b>80 – 250 KM</b>	<b>251-1000 KM</b>	<b>1000+ KM</b>

**Number & Type of Power Units requiring MTC Cover**

	Owned By You	Contract Ops
Pick Ups		
Light Vans		
Straight Trucks		
Tractors		
Other		
<b>Total Power Units</b>		

**Revenues**

<b>Gross Receipts</b>	<b>Canadian \$</b>	<b>USA \$</b>	<b>Total \$</b>
Est. for next 12 months			
Prior 1 Year			
Prior 2 Years			
Prior 3 Years			
Prior 4 Years			

**Safety, Maintenance & Employment Selection**

Is there a vehicle maintenance & inspection program?  Yes  No

Is there a No loss bonus program in place?  Yes  No

How do you select drivers you wish to hire?

Do you attain references?  Yes  No

Do you review driver abstracts?  Yes  No

Are the units equipped with alarms?  Yes  No    Are the units equipped with fire extinguishers?  Yes  No

Are the units equipped with GPS?  Yes  No

Are you part of any trucking association?  Yes  No

Are the units equipped with dash cam?  Yes  No

**The Dashboard Camera must be maintained in full working order, connected, operational and activated at all times that the automobile is operational and is mounted so as to capture, continuously record and save full color video of the forward facing exterior view of the front of the automobile and the road immediately in front of the automobile with a quality of 720P or greater.**



# Motor Truck Cargo

### MTC Limits

Anticipated Inception Date: \_\_\_\_\_

What policy limits do you require?

Truck Limit	\$
Loss Limit	\$
Deductible	\$

### CGL Limits

What policy limits do you require?

CGL Limit	\$
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a. Including pollution?  Yes  No

Do you have a target premium?

\$
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### Loss information

Please complete, whether the loss was insured or not.

Year	Deductible \$	Amount Paid \$	Amount Pending \$	Describe Major Losses
Prior Year				
Prior 2 Year				
Prior 3 Years				
Prior 4 Years				
Prior 5 Years				
Current Insurer:			Policy Expiry Date: <small>dd/mm/yyyy</small>	
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

### Driver Information

**Minimum driver requirements: all drivers be at least 24 years of age with 3 years of commercial driving experience & no more than 2 major convictions or 4 minor convictions.**

Drivers Age Profile	# Drivers	Commercial Driving Experience (Years)
Under 24		
24 – 65		
Over 65		
<b>Total Drivers</b>		

Individual Driver Information		
Name	Date of Birth	Years of Experience

**All MVR's/MVA's will be reviewed by an underwriter prior to confirming binding.**

It is important to provide the most accurate information in relation to the drivers, because if bound this policy **EXCLUDES ANY DRIVER** whom is under the age of 24 or 70 years of age and older. All drivers must have a minimum of 3 years of commercial driving experience. In addition we will not accept any driver whom has in the last 3 years:

- Alcohol related convictions
- has more than 2 major convictions **OR** 4 minor convictions
- has more than 1 major conviction **WITH** 3 minor convictions
- has not held a valid driver license for the unit they are operating for at least a year.



## Motor Truck Cargo

Any driver whom does not fit the above mentioned criteria must be approved via an Underwriter. All drivers must also submit Commercial Driving Abstracts/ CVORs/ Motor Vehicle Records for Underwriter Approval. They must be no older that 3 months old.

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

- Manslaughter or negligent homicide,
- Felony involving a motor vehicle,
- Racing,
- Hit and Run,
- Reckless driving,
- License suspension for points,
- Driving while license suspended,
- Fleeing/eluding arrest,
- Multiple driver licenses not reported to the Underwriters,
- Accident other than whilst driving a private passenger vehicle,
- Driving in excess of 100 miles per hour / 160 kilometers per hour.

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

All moving violations other than the *major violations* mentioned above, and the nonmoving violations mentioned below:

- Defective brakes,
- Defective equipment,
- Oversize or overweight.

### Hauled commodities

Please complete the grid below for all commodities you expect to haul:

### Target hauled commodities

Please note that the cargoes shown on this page are normally excluded from coverage by the policy wording. To request coverage for these cargoes, you must complete the fields for each commodity. **A limit of \$50,000 with a \$5,000 deductible will apply to Target Hauled Commodities.**

TYPE OF CARGO	% Of hauls	Avg. value \$	Max Value \$
Alcohol			
Bullion, Fine Arts, etc.			
Documents			
Electronics			
Garments			
Household Movers			
Live Animals			
Seafood			
Tobacco			
<b>Total</b>		%	

### Hauled commodities – Non target

**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)			



## Motor Truck Cargo

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 (incl D/Wides)			
Mobile Homes (not D/Wides)			
New furniture – i.e hauling for a furniture store			
Oil (in bulk).			
Oilfield equipment			
On hook – for autos / trucks			
Paint			
Paper (boxed)			
Paper in rolls or on spools			
Pipe			
Plants (not reefer)			
Plastics			
Produce (not reefer)			
Recreational Vehicles			
Refrigerated Loads (not seafood)			
Rubber			
Sand			
Seed			



## Motor Truck Cargo

Soap, household cleansers			
Steel			
Tires			
Tobacco (raw)			
Trailers – on own wheels			
Trailers (on flatbeds)			
Wood Chips			

<b>Please type in below any cargoes not included above. Be as specific as possible as General Freight must be broken down to describe the commodities hauled.</b>			
<b>Total non target commodities</b>		%	
<b>Total target commodities</b>		%	
<b>Grand Total</b>		% (Must equal 100%)	

**Optional endorsements requested:**

Please indicate which optional endorsements you would like to purchase and specify limit.

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 \$2500.00 NOTE: Ten year age limitation in this endorsement.	\$
	Confirm the age of refer units: 0 to 5 years old <input type="checkbox"/> Yes <input type="checkbox"/> No 6 to 10 years old <input type="checkbox"/> Yes <input type="checkbox"/> No Over 10 years old (If over 10 years old we will not be able to provide Reefer coverage) <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	\$



# Motor Truck Cargo

	Terminal Protections:	Fully Fenced / Gates	24 Hour Guards	Building Alarmed	Building Sprinklers
	A				
	B				
9	In Full Premium Endorsement Limits cover to named trucks only. We will need a list of VIN numbers.				\$
10	Trailer Interchange Endorsement Approx no. of trailer interchange day's per annum? #			Any one trailer.	\$
				Any one loss.	\$

Note: All Policies are subject to a 25% minimum retained premium.

### Additional information

Please show below or in a **separate document** any other material facts.

Vehicle Information	
Vehicle Make Model	VIN #

### Prior to Bind Checklist:

- |   |  |  |  |
|---|--|--|--|
| Signed application  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Driver MVR's (within the last 3 months)                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Confirm drivers have 3 years Commercial Driving exp.                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Confirm insured/ Mgmt. has 3 years field related exp.. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Confirm that the reefer units utilized are not older than 10 years. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Confirm Drivers are 24 years of age & older            | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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. I/we agree that if the proposal or any part of it has been completed by another party, that I/we have studied the information herein and have made any necessary amendments to such information. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties (PIPEDA).

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Position: \_\_\_\_\_

### BROKER INFORMATION:

Broker Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_