

**MOTOR TRUCK CARGO**

**APPLICANT**

Country of Applicant:		Currency:	
DBA Name of Applicant:			
Address:			
Country:			
City:	Prov:	Postal:	
Year Established:	Filings Required:	Yes / No	FHWA Docket No.
Type of Carrier:			

% Of hauls by distance - Must equal 100%

1 – 250 Miles	251-1000 Miles	1001 + Miles	Number of trips to Alaska per year

% Of loads not hauled by your owned trucks

(NB: Long Term = 30 Days +)

<u>Long Term Contract Operators</u>	Short Term or Trip Leases

**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>		

**Number & Type of Trailers**

	Owned By You	Contract Ops
Flatbeds		
Container Flats		
Closed Trailers		
Tank Trailers		
Reefer Trailers (<10years)		
Reefer Trailers (>10 years)		
Car Carriers		
B-Trains/Trailers in Tandem		
Other		
<b>Total Trailers</b>		

Gross Receipts	Owned Trucks \$	Contract Ops \$	Brokered \$	Total \$
Est. for next 12 months				
Prior 1 Year				
Prior 2 Years				
Prior 3 Years				
Prior 4 Years				

Drivers Age Profile	Your Drivers	Contract Ops
23 - 24		
25 – 65		
Over 65		
<b>Total Drivers</b>		

**Confirm when hiring new drivers or operators you make the following checks:**

Motor Vehicle Record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reference from Previous Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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.

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

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

**HAULED COMMODITIES – NON TARGET**

Type of Cargo	% Of Hauls	Avg. Value \$	Max Value \$
Air conditioning equipment			
Animal feed			
Autos – not On Hook			
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			



**LIMITS & COVERAGES**

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

Cover Required:  Broad Form 15

What policy limits do you require?

Truck Limit	\$
Loss Limit	\$
Deductible	\$

Note below any special exceptions or reasons for especially high limits: There is more space at the end of the form if you need.

Note below any special reasons for a variable deductible. Underwriters usually impose a deductible of at least \$5000 for theft of target items (items A to H on previous page).

**OPTIONAL ENDORSEMENT 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.	\$			
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	\$			
	<b>Address</b>		<b>Limit \$</b>		
	A		\$		
	B		\$		
8	Terminal Protections:	<b>Fully Fenced / Gates</b>	24 Hour Guards	<b>Building Alarmed</b>	<b>Building Sprinklers</b>
	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.	\$		
11	Target Interest Inclusion Endorsement	Target goods to be covered	Deductible		
			\$		

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

**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: 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				

**ADDITIONAL INFORMATION**

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

<u>Vehicle Information</u>		
Vehicle Description	Serial Numbers	
<u>Driver Information</u>		
Name	Date of Birth	Drivers License Number

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: \_\_\_\_\_

Canada WorldWide Underwriting Agencies Inc.  
 100, 1400 1<sup>st</sup> Street SW  
 Calgary, AB T2R 0V8  
 Toll Free: 1-888-263-5146  
 FAX: 403-237-9976  
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