

**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 canned, *garments* - defined as all



<b>8. Trailer Interchange coverage requested:</b>	<b>Yes</b>	<b>No</b>
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: _____		

<b>9. Limits required:</b> 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 \$_____
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<b>10.</b> Give details of any steps taken to secure vehicles whenever left unoccupied. _____ _____
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<b>11.</b> Do you require any I.C.C. , State or Provincial cargo filings:	Yes	No
If yes, please list: _____		

<b>12. Please give details of the number of vehicles for which cargo cover is required:</b>			
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	
<b>Total number of power units</b>		<b>Total number of trailers</b>	

<b>13. Please give power unit year, make, vehicle identification numbers if scheduled vehicle policy required:</b>			
	Year	Make	VIN
1			
2			
3			
4			
5			
6			
7			

8			
9			
10			

**14. Driver & Employee Information**

Total no. of drivers		<b>Total number of full time Employees</b>	
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: \_\_\_\_\_

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**16.** What are the criteria you use to determine whether to fire existing drivers: \_\_\_\_\_

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**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

**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:

<b>Carrier</b>		<b>Existing deductible</b>	
<b>Renewal offered?</b>		<b>Existing limit</b>	
<b>Existing rate</b>		<b>Expiry date</b>	

**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:**

The Insured/Assured\* must check **all drivers' MVRs within seven (7) days of employment** with the subject trucking firm or within seven (7) days of inception of this policy. No MVR to be older than three (3) months.

**No coverage is afforded under this policy unless the driver in charge of and/or operating the automobile at the time of loss or damage occurs or at the time of the accident or occurrence made the basis of a claim occurs:**

- a) Has been reported to Underwriters
- b) Is aged between twenty-three (23) and seventy (70) years inclusive, and
- c) Has no **critical violations IN THE PAST FIVE (5) YEARS** preceding the date of employment or inception of this policy, whichever is later, and
- d) Has no **major violations** and no more than one (1) at fault accident\*\* **IN THE PAST THREE (3) YEARS** preceding the date of employment or inception of this policy, whichever is later, and
- e) Has had no more than three (3) **minor violations IN THE PAST THREE (3) YEARS** preceding the date of employment or inception of this policy, whichever is later, and
- f) Has continuously held a driver license issued in the USA or Canada (**for at least the past two (2) years**) preceding the date of employment or the inception of this policy, whichever is later, which is valid for the automobile being operated:

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 suspension of the driver's license for failure to submit to drug testing
- iii) Manslaughter or negligent homicide
- iv) Hit and run
- v) Fleeing whilst eluding arrest
- vi) Use of handheld electronic device whilst in operation of a vehicle
- vii) Driving in excess of 100 MPH / 160 KPH

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

- i) Felony involving a motor vehicle
- ii) Racing
- iii) Reckless driving
- iv) License suspension for points
- v) Driver while license suspended
- vi) Multiple driver's license not reported to Underwriters
- vii) Speeding in excess of 15 MPH over posted limit

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

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

- i) Defective brakes
- ii) Defective equipment
- iii) Oversize or overweight

**Please note, these are Guidelines and Underwriters reserve the right to accept or reject any driver regardless of the criteria above. Any acceptance outside of the above criteria must be done in writing.**

\*To be depending on physical damage or motor truck cargo

\*\*At fault accident – All accidents are considered to be at fault unless there is a valid police report stating that the incident was not the fault of said operator/driver.

**Additional Comments:**

# 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 \_\_\_\_\_

**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, 2027**, the date on which the TRIA Program is scheduled to terminate, or the 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 80% 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 USD100 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 IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 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 \$ _____, state surplus lines tax of \$ _____, total terrorism premium of \$ _____.
	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/Applicant Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date