

**MOTOR TRUCK CARGO PROPOSAL FORM**  
For use with Broad Form (15)

**Use space on last page or attach an extra sheet if there is insufficient room for answers**

**1. Applicant:** \_\_\_\_\_ **doing business as:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Year established:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**ICC Docket No. MC:** \_\_\_\_\_

**2. Names, addresses and functions of Associated or Subsidiary Companies to be included:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Are Companies:**      **Common Carriers**      **Private Carriers**      **Contract Carriers**  
                                  **Owner of Cargo**                      **Other** (please give details at end of form)

If you contract on a released liability basis please attach a copy of a specimen waybill showing how much liability you accept. Also please give details of your additional valuation rates and the approximate annual level of additional valuation charges you receive.

**4.a) Please give details of any operations carried out other than that of a carrier**  
 \_\_\_\_\_

**b) Do you subcontract to other parties?**    Yes            No    **If so on long term (30 day+) leases or other basis? (give details)**  
 \_\_\_\_\_

**c) Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to them?**    Yes            No  
**If so, do you maintain copies of their current insurance arrangements on file?**    Yes            No

**5. Please give gross receipts in respect of your trucking operations for past 5 years:**

| YEAR | G.R. Own Haul | G.R. Subcontracted Out | Total G.R. all operations |
|------|---------------|------------------------|---------------------------|
|      |               |                        |                           |
|      |               |                        |                           |
|      |               |                        |                           |
|      |               |                        |                           |
|      |               |                        |                           |

**6. The following interests are excluded under the basic policy form, but can normally be covered at additional premium if requested. Please check any you wish to be covered, and include details of such exposures in answer to question 8:**    Accounts    bills    debts    evidence of debt    letters of credit  
 passports documents    railroad or other tickets    notes    money    securities    currency  
 bullion    precious stones    jewelry &/or other similar valuable articles    paintings  
 statuary and other works of art    manuscripts    mechanical drawings    live animals    tobacco  
 cigars    cigarettes, non-ferrous    metal in scrap or ingot form    furs    alcohol    liquor  
 beer    wine    garments (defined as: items of clothing, including innerwear and outerwear,  
 footwear, shoes, boots, gloves, hats, and the like)    seafood unless canned    electronics (defined as: all  
 items of consumer and commercial electrical appliances and instruments including but not limited to radios,  
 stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile  
 machines, photocopiers, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items, such as switch  
 ear, turbines, generators and the like are NOT considered to be electronics).

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7. Form of cover required:      Broad Form      incl Reefer Breakdown?      Named Peril Form

8. List by category and percentage of the total loads shipped:

| Type of cargo      | Ave. Value per load | Max Value per load | % of total loads |
|--------------------|---------------------|--------------------|------------------|
| Machinery          |                     |                    |                  |
| Tobacco            |                     |                    |                  |
| Produce            |                     |                    |                  |
| Chilled Food       |                     |                    |                  |
| Frozen Food        |                     |                    |                  |
| Building Materials |                     |                    |                  |
|                    |                     |                    |                  |
|                    |                     |                    |                  |
|                    |                     |                    |                  |
|                    |                     |                    |                  |
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|                    |                     |                    |                  |
|                    |                     |                    |                  |
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|                    |                     |                    |                  |
|                    |                     |                    |                  |

9. Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles \_\_\_\_\_? or off vehicles \_\_\_\_\_? If either answer is yes, please give details of any such places which are regularly used:

| Address | Fenced yard locked at night? | 24 hour watchman? | Alarmed Building? | Building with Sprinklers? | Max. value exposed? |
|---------|------------------------------|-------------------|-------------------|---------------------------|---------------------|
|         |                              |                   |                   |                           |                     |
|         |                              |                   |                   |                           |                     |
|         |                              |                   |                   |                           |                     |

10. Limits required: a) \$ \_\_\_\_\_ a.a.vehicle  
 b) \$ \_\_\_\_\_ a.a.loss (vehicle accumulation)  
 c) \$ \_\_\_\_\_ a.o.te1minal (of vehicles)

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

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

11. Give details of any steps taken to secure vehicles whenever left unoccupied.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Give details of any I.C.C. or State/ Provincial cargo filings required:  
 \_\_\_\_\_  
 \_\_\_\_\_

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Percentage of hauls by distance: 1-250 miles \_\_\_\_\_ 251-1000 miles \_\_\_\_\_ 1001 +mile \_\_\_\_\_

13. Please give details of the number of vehicles for which cargo cover is required:

|                             |  |  |  |
|-----------------------------|--|--|--|
| Tractor Units               |  | Reefer Trailers 10 years old or less   |  |
| Straight Trucks             |  | Reefer Trailers more than 10 years old |  |
| Reefer Trucks               |  | Flat Bed Trailers                      |  |
| Tank Trucks                 |  | Tank Trailers                          |  |
| Other Power Units           |  | Other Trailers                         |  |
| Total Number of Power Units |  | Total Number of Trailers               |  |

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

|   |  |    |  |
|---|--|----|--|
| 1 |  | 6  |  |
| 2 |  | 7  |  |
| 3 |  | 8  |  |
| 4 |  | 9  |  |
| 5 |  | 10 |  |

15. Please give driver details:

|                           |  |   |  |
|---------------------------|--|---|--|
| Total number of drivers   |  | Number of full time employee drivers        |  |
| Number under 25 years old |  | Number of drivers on long term (30d+) lease |  |
| Number over 60 years old  |  | Number of two-person driver teams           |  |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. What are the criteria you use to determine whether to fire existing drivers?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please give details of your cargo loss experience whether insured or not, for the past 5 years, on an All Risks/ Broad Form basis, **FROM 1st DOLLAR/ NO DEDUCTIBLE**

| Year | Paid | Outstanding | What Happened? |
|------|------|-------------|----------------|
|      |      |             |                |
|      |      |             |                |
|      |      |             |                |

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19. 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 |
|------|-------------------|--------------------------|
|      |                   |                          |
|      |                   |                          |
|      |                   |                          |

20. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?    Yes    No  
If so please give details: \_\_\_\_\_

21. Please give details of your existing cargo insurance:

|                  |  |                     |  |
|------------------|--|---------------------|--|
| Carrier          |  | Existing Deductible |  |
| Renewal Offered? |  | Existing Limit      |  |
| Existing Rate    |  | Expiry Date         |  |

22. Date from which insurance cover is required: \_\_\_\_\_

23. 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: \_\_\_\_\_

Continued from question:

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