

**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

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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:

	Year	Make	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:

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:

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- 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:

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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 _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act or acts that are 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 certain air carriers or vessels 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 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; AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. 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.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE ALSO BE AWARE THAT YOUR POLICY DOES NOT PROVIDE COVERAGE FOR ACTS OF TERRORISM THAT ARE NOT CERTIFIED BY THE SECRETARY OF THE TREASURY.

Acceptance or Rejection of Terrorism Insurance Coverage

You must accept or reject this insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*, before the effective date of this policy. Your coverage cannot be bound unless our representative has received this form signed by you on behalf of all insureds with all premiums due.

Coverage acceptance:

I hereby elect to purchase coverage for certified acts of terrorism, *as defined in Section 102(1) of the Act* for a prospective annual premium of \$ _____. I understand that I will not have coverage for losses resulting from any non-certified acts of terrorism.

OR

Coverage rejection:

I hereby decline to purchase coverage for certified acts of terrorism, *as defined in Section 102(1) of the Act*. I understand that I will not have coverage for any losses arising from either certified or non-certified acts of terrorism.

Policyholder/Applicant's Signature- Must be person authorized to sign for all Insureds.	Insurance Company
Print Name	Policy Number
Named Insured	Submission Number
Date	Producer Number
	Producer Name
	Street Address
	City, State, Zip

The producer shown above is the wholesale insurance broker your insurance agent used to place your insurance coverage with us. Please discuss this Disclosure with your agent before signing.