

# Motor Truck Cargo Application



Intact Insurance Company

Head Office: 1200, 321 – 6<sup>th</sup> Avenue SW Calgary, AB T2P 4W7

Broker:		Broker No.:	
Telephone:		E Mail	

## BASIC INFORMATION

Full Name of Applicant:			
Full Name of Principal(s):			
Postal Address (including Postal Code):			
In business since:		Any management, ownership or operation changes in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant been at this same location since		Is applicant a Limited (incorporated) company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Insurer:		Policy No.:	Expiry Date
Expiring Premium		Current Deductible	
Previous insurance declined or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, full details:			
Broker, is the applicant currently insured by your office? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how long have you insured the applicant?			
Any claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide full details including date, type of loss, amount paid and outstanding:			
Date of Loss	Cargo Involved	Cause of Loss	Deductible Applied

## DESCRIPTION OF OPERATIONS

**Revenue: List actual gross receipts from all trucking related operations:**

\$	For the Period	From:	To
\$	For the Period	From:	To
\$	For the Period	From:	To
\$	Estimated gross receipts for the coming policy term.		

**What percentage of the applicant's receipts are derived from the following operations?**

%	As a licensed common (public) carrier.
%	As "Owner/Operator" or "Lease/Operator" for another licensed common carrier: Name of Carrier:
%	As contract carrier for specific shipper(s). <b>Attach copy of all contracts.</b> Name(s) of Shipper(s):
%	As owner of cargo
%	As freight forwarder or freight broker

**State the type of Bill of Lading used and attach a copy of Bill(s) of Lading in use.**

Released: %	Declared Value: %
Are all Bills of Lading signed by the "Shipper" and "Truckman"? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Under the "Motor Carrier Act" a standard "Bill of Lading" dictates the trucker is liable for \$2.00 per pound when transporting Goods including loading & unloading.

<b>Are loads ever sub-contracted or brokered to other carriers?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please complete the following:	
Is this done under the applicant's bill of lading?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the other carrier issue a bill of lading?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, to whom?	
What percentage of annual gross revenue is derived from such sub-contracted hauling?	%
Do you proof of insurance (Certificates of Insurance) from all sub-contracted haulers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>What is the radius of the applicant's operations?</b>	
% within 100 miles	List all provinces, states & territories traveled to:
% 101 – 500 miles	
% 501 – 1000 miles	
% 1,001 miles – 2,500 miles	
% Over 2,500 miles	

<b>Terminals: Please provide full details of all terminals owned or operated by the applicant. Attach property underwriting details as required using standard property application.</b>			
ADDRESS	DESCRIBE SECURITY	MAXIMUM VALUES INSIDE	MAXIMUM VALUES OUTSIDE
1.		\$	\$
2.		\$	\$
3.		\$	\$

<b>Unattended Loads: Are vehicles ever left unattended at terminals or elsewhere, including overnight?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details of location(s), security & average/maximum duration.

<b>Vehicles: Power units (tractors) only – do not include trailers:</b>		
(Insert Number of Units)	Insured's Own Units	Sub-contracted/Lease Operators
Tractors		
Straight Trucks (Open)		
Van Trucks (Dry)		
Van Trucks (Refrigerated)		
Other Power Units Describe:		

Does the applicant operate any vehicles for which cargo insurance is not to be included under this policy? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please explain:			
Are all units equipped with:			
Alarms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>
GPS Tracking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Two Person Crews	Yes <input type="checkbox"/> No <input type="checkbox"/>
Two Way Radios	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cellular Telephones	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>List power units (attach a separate schedule if necessary):</b>					
Unit #	Year Built	Make & Model	Body Style	Serial No	Registered GVW

<b>Trailers:</b>
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Does the applicant ever engage in hauling trailers in Tandem?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many trailers does the applicant own? (Insert # of trailers for all that apply)			
Dry Vans	Flat decks	Auto Carriers	
Refrigerated Vans	Cattle Liners	Tankers	
Other Trailers (Describe):			
Does Applicant ever haul non-owned trailers?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the maximum number in the applicant's possession at any one time?			
Average Value	\$	Maximum Value	\$
<b>DRIVER &amp; SAFETY REQUIREMENTS</b>			
What is the applicant's national safety code certification number?			
What is the minimum age of a driver before eligible for employment?			
What is the minimum requirement for commercial trucking experience (years)?			
Number of drivers employed:	Full time	Part time	Sub-Contracted/Lease Operators
Does the applicant's driver selection process include:			
Road Test	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-Employment Medical	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference Checks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Review of Driver Abstracts	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mountain Experience	Yes <input type="checkbox"/> No <input type="checkbox"/>	Written Application	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Safety Procedures</b>			
Is there a full time safety supervisor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a "no loss" bonus program		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what percentage of drivers qualify for the bonus?		%	
Is there a preventative maintenance program in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are written records of vehicle maintenance/condition maintained?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How often are controlled inspections performed?			
<b>INSURANCE REQUIREMENTS</b>			
<b>Limits of Liability Required:</b>			
Any one vehicle	\$		
At scheduled terminals (as listed above)			
1.	\$		
2.	\$		
3.	\$		
At any unscheduled Location	\$		
Maximum Limit any one loss	\$		
Special Conditions Requested:			
<b>Filing Requirements:</b>			
List all provinces and states where the applicant has been advised a Motor Truck Cargo Filing is required:			
If ICC (US) Filing is required for Cargo (Forms BMC 34 or BMC 35), Provide Docket No: MC			

## DESCRIPTION OF COMMODITIES CARRIED

**Estimate the % of Gross receipts derived from hauling each commodity carried. Avoid the use of non-specific terms such as "General Merchandise".**

COMMODITY	% OF RECEIPTS	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE
Alcoholic Beverages (excluding beer)	%	\$	\$
Auto Parts or Accessories	%	\$	\$
Automobiles (New)	%	\$	\$
Automobiles (Used)	%	\$	\$
Boats/Watercraft	%	\$	\$
Building Products (not lumber or logs)	%	\$	\$
Bulk Liquids (in tankers)	%	\$	\$
Computers/Electronics – attach supplement	%	\$	\$
Containers (Reefer) – attach supplement	%	\$	\$
Containers (Other)	%	\$	\$
Flammables or Explosives	%	\$	\$
Frozen Foods – attach reefer supplement	%	\$	\$
Hazardous Goods - Describe:	%	\$	\$
Heavy Machinery	%	\$	\$
Household Goods (Specific Contract)	%	\$	\$
Household Goods (Residential Movers)	%	\$	\$
Light Machinery including Parts	%	\$	\$
Live Animals, Birds or Fish	%	\$	\$
Logs/Woodchips/Gravel	%	\$	\$
Lumber	%	\$	\$
Meat/Seafood/Poultry (Boxed) – Attach Supplement	%	\$	\$
Meat (Swinging or Hanging) – Attach Supplement	%	\$	\$
Mobile Homes	%	\$	\$
Non-Perishable (Dry) Foods	%	\$	\$
Perishable Foods (Produce) – Attach Supplement	%	\$	\$
Other Perishables Describe:	%	\$	\$
Oilfield Equipment – Light	%	\$	\$
Oilfield Equipment – Heavy	%	\$	\$
Steel	%	\$	\$
Tobacco Products – Attach Supplement	%	\$	\$
Mixed Loads (of the above)	%	\$	\$
Other Commodities: Describe:	%	\$	\$

## REEFER BREAKDOWN SUPPLEMENT

Please complete the following if any temperature controlled property is transported including containers.

How many units/trailers are equipped with "Reefer" units?      Trailers                      Van Trucks                      Other

Who is responsible for the maintenance of the Reefer units?    Insured                       Third Party Contractor

If a third party contractor, please confirm:

Name of Contractor:

Frequency of Servicing:

Length of Contract:

### Reefer Safety Features

Indicator lights that alert the driver to failure of system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are lights clearly visible to driver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are all units equipped with temperature gauge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are temperature gauges clearly visible to driver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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How often are drivers required to check gauges and log records?

Is a "Ryan's Chart" maintained on all Reefer Shipments	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Describe emergency procedures in the event of Reefer breakdown or problem?

## OTHER COMMENTS

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Broker's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

***Signing of this form does not bind the Applicant to complete the insurance.***