

Motor Truck Cargo Application

BRIT MTC 2007-01

ALL QUESTIONS MUST BE ANSWERED. ANY QUESTIONS LEFT BLANK WILL BE DEEMED TO HAVE BEEN ANSWERED "NO" OR "NOT APPLICABLE"

Anticipated Inception Date: _____ Currency to be used: Canadian
 FHWA Docket No. (if there is USA exposure this number is required) _____

Legal Name of Applicant _____
dba Name of Application _____
Applicant's Full Address _____

Year Applicant Established _____
OR
Number of Years in Business _____

USA Filings Required? (circle one)
Yes **No**

Type of Carrier (check all that apply)

<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Courier
<input type="checkbox"/> Contract Carrier	<input type="checkbox"/> Owner of Cargo
<input type="checkbox"/> Private Carrier	

Percentage of hauls by distance %

1 to 250 miles	_____
251 to 1000 miles	_____
over 1000 miles	_____

Percentage of Loads not Hauled by your Owned Trucks (NB - Long term = 30 days +)

Long-term Owner Ops (>30 days) _____
 Short-term or Trip Leases _____

<u>Number & Type of Power Units</u>	<u>Owned by You</u>	<u>Owned by Owner Operators</u>
Pick-ups	_____	_____
Light Vans	_____	_____
Straight Trucks	_____	_____
Tractors	_____	_____
Other - (Explain under additional info)	_____	_____
TOTAL Power Units	_____	_____

<u>Number and Types of Trailers</u>	<u>Owned by You</u>	<u>Owned by Owner Operators</u>
Flatbeds/Flatdecks	_____	_____
Container Flats	_____	_____
Closed Trailers	_____	_____
Livestock Trailers	_____	_____
Tank Trailers	_____	_____
Reefer Trailers (under 10 yrs)	_____	_____
Reefer Trailers (over 10 yrs)	_____	_____
Car Carriers	_____	_____
Other - (Explain under additional info)	_____	_____
TOTAL Trailers	_____	_____

Driver's Age and Profile

- Under 25 years
- 25 to 65 years
- Over 65 years

of Your Drivers

of Owner Operators

Total Number of Drivers _____

Driver Verification (indicate answers even if client is not intending to hire new drivers at this time)

Advise the background investigations made when hiring new drivers:

Motor Vehicle Record Check (Driver Abstract)? (circle one)
Yes No

Reference from previous employer? (circle one)
Yes No

Other? _____

DRIVER EXCLUSION

The policy form **EXCLUDES ANY DRIVER** who at inception of the policy or at the date of hire, whichever is the later, is not aged between 22 and 70 years inclusive, or who within the three (3) years prior to the inception date of the policy or at the date of hire:

- i) has any *critical violations*
- ii) has more than 2 *major violations* **OR** 5 *minor violations*
- iii) has more than 1 *major violation* **AND** 3 *minor violations*
- iv) has not held a valid driver license for the truck involved for at least twelve (12) months immediately prior to operations for which cover is required

UNLESS such driver has been accepted by the Underwriters and endorsed on to the policy, with any additional premium paid as required by the Underwriters. It is a requirement of the policy that the Insured shall obtain satisfactory references and Motor Vehicle Records from reliable sources, and keep records thereof in respect of all drivers.

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 drug related violation or any suspension of the driver's license for failure to submit to drug testing.

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

- i) Manslaughter or negligent homicide,
- ii) Felony involving a motor vehicle,
- iii) Racing,
- iv) Hit and Run,
- v) Reckless driving,
- vi) License suspension for points,
- vii) Driving while license suspended,
- viii) Fleeing/eluding arrest,
- ix) Multiple driver licenses not reported to the Underwriters,
- x) Accident other than whilst driving a private passenger vehicle,
- xi) Driving in excess of 100 miles per hour / 160 kilometers per hour.

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

All moving violations other than the *major violations* or *critical violations* listed above and the following non-moving violations:

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

(circle one)

Are tandem trailers ever hauled (including B-trains or C-trains)?

Yes No

If yes, please note the deductible applies to each trailer.

Note: Unless declared here, the policy coverage is limited to the hauling of single trailers only.

The policy wording EXCLUDES ALL COVERAGE IN ALASKA

(circle one)

Do you wish to purchase limited coverage in Alaska?

Yes No

Gross Receipts

Owned Trucks _____
 Owner Operators _____
 Brokered _____
 Total _____

PLEASE NOTE THAT "TARGET COMMODITIES" SHOWN BELOW ARE NORMALLY EXCLUDED FROM COVERAGE BY THE POLICY WORDING

Type of Cargo - Target Hauled Commodities

(Note: all fields REQUIRED for quote)

% Hauled	Average Value	Max Value
Alcohol	_____	_____
Bullion, Fine Arts, etc.	_____	_____
Documents	_____	_____
Electronics	_____	_____
Garments	_____	_____
Household Removals	_____	_____
Seafood	_____	_____
Tobacco	_____	_____

Type of Cargo - Non-Target Hauled Commodities

(Note: all fields REQUIRED for quote)

% Hauled	Average Value	Max Value
Animal Feed	_____	_____
Building Materials	_____	_____
Hay	_____	_____
Heavy Machinery	_____	_____
Live Animals	_____	_____
Logs	_____	_____
Lumber	_____	_____
Mobile Homes (including D/Wides)	_____	_____
Mobile Homes (not D/Wides)	_____	_____
Oilfield Equipment	_____	_____
Other - describe Below	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Non-Target Commodities %	_____	_____
Total Target Commodities %	_____	_____
Grand Total (Must equal 100%)	_____	_____

Current Policy Details

Motor Truck Cargo

Auto Liability

Current Insurer	
Policy #	
Current Policy Inception Date	
Current Policy Expiry Date	
Current Premium	
Current Deductible	

Coverage Required BRIT MTC 2007/01 (Broad Form)

Truck Limit		# of trucks in this limit	
Loss Limit			
Deductible			

(circle yes or no for each endorsement, "no" assumed if left blank)

Optional Endorsements Requested

	Yes	No	Value/Limit Required
Refrigerated Breakdown (min. Ded. \$2500)			
Riggers			
Contingent Transit (Truck Brokering)			
Unattended Truck (\$100,000 included, specify limit only if more is required)			
Earned Freight (\$2,500 included, specify limit only if more is required)			
Debris Removal			
LTL (off truck cover) Required?			

Cover for Cargo UNLOADED from trucks is required at the following terminals:

Address			Limit	
Address			Limit	
	<i>Terminal Protections</i>	<i>Fully Fenced/Gated</i>	<i>24 hour Guards</i>	<i>Building Alarmed</i>
	A		<i>Building Sprinklers</i>	
	B			

In Full Premium (limits cover to named trucks only)	Yes	No	
Trailer Interchange	Yes	No	
Limit (any one trailer)			
Limit (any one loss)			
Approx # of trailer interchange days/year			
Target Interest Inclusion	Yes	No	
Target Goods to be covered			
Theft limit, any one loss			
Theft deductible			

Vehicle List

Year, Make & Model	Serial Number – Required to bind

LOSS HISTORY

Date of Loss	Description of Loss	Deductible	Amount Paid	Amount Pending

Has any Insurer within the past 5 years refused to renew or cancelled the policy?

(circle one)

Yes No

If yes, please advise why _____

Additional Information

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.

Insured Signature

Dated

Upon signing I declare that I have read and fully understand the section labeled "DRIVER EXCLUSION"

Position

Agency/Brokerage Information

Submitted by _____

Agency _____

Agency Address _____

Agency Phone _____

Agency Fax _____

Direct Phone _____
(if applicable)

Direct Fax _____
(if applicable)

Agent Signature _____

Date _____

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