

EXCESS MOTOR TRUCK CARGO PROPOSAL FORM

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

1. Applicant: _____ doing business as
 Company: _____
 Mailing Address: _____
 Terminal Address: _____
 Year Company Established: _____ (IF A NEW VENTURE PLEASE COMPLETE THE ATTACHED PROFILE)

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

3. Are Companies: a) Common Carriers: _____ b) Contract Carriers *: _____
 c) Private Carriers: _____ d) Owner of Cargo: _____
 e) Other: (PLEASE GIVE DETAILS) _____

* IF YOU CONTRACT ON A RELEASED LIABILITY BASIS PLEASE ADVISE HOW MUCH LIABILITY YOU ACCEPT.

4. Please give details of any operations carried out other than that of a carrier: _____

5. a) Do you subcontract to others or employ owner operators:
 If yes, are they employed on either: a) Short Term Lease (less than 30 days)
 b) Long Term Lease (more than 30 days)
 b) Is coverage required for these subcontractors / owner operators:
 c) If not, are they held responsible and insured for cargo liability:
 d) If yes, do you obtain evidence of their current insurance coverage:

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

YEAR	TOTAL GROSS RECEIPTS ALL OPERATIONS	TOTAL GROSS RECEIPTS FOR SPECIFIC CONTRACT(S) REQUIRING EXCESS LIMITS. LIST ON A SEPARATE SHEET IF NECESSARY.	OTHER
20			
20			
20			
20			
20			
EST.			

7. List by category and estimated percentage of the total loads shipped as follows and name any specific contracts:

TYPE OF CARGO	MAX. VALUE PER LOAD	AVE. VALUE PER LOAD	%AGE OF TOTAL LOADS
Alcohol, Beer, Wine etc.			
Automobiles / Motorcycles			
Chemicals			
Chilled / Frozen Foods			
Electronics			
Garments			
Machinery / Heavy Equipment			
Oilfield Equipment / Pipe etc.			
Pharmaceuticals			
Tobacco / Cigarettes etc.			
OTHER - PLEASE SPECIFY			

8. Do you require cover for cargo in terminals or 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 OF TERMINAL OR YARD.	FENCED YARD LOCKED AT NIGHT?	24 HOUR WATCHMAN ?	ALARMED BUILDING ?	SPRINKLERED BUILDING ?	MAX. VALUE EXPOSED?

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9. Limits required: a) \$ _____ Any One Truck
 b) \$ _____ Any One Terminal / Loss
- Excess of loss of: a) \$ _____ Any One Truck
 b) \$ _____ Any One Terminal / Loss

10. Please give details of the underlying Motor Truck Cargo policy:

Name of Insurer: _____

Policy Number: _____

Start Date: _____ Expiry Date: _____

11. Please give details of any security devices fitted to truck / trailer (such as satellite tracking devices) and what measures are taken to secure the truck / trailer whenever left unoccupied or unattended:

12. Your FMCSA Docket Number: MC _____ Your USDOT Number: _____

13. Percentage of hauls by distance in miles: 1-250 _____ % 251-1000 _____ % 1001+ _____ %

14. 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	

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15. If you operate ten power units or less, please give details as follows:-

YEAR	MAKE / MODEL	VIN # (LAST 6 DIGITS)	YEAR	MAKE / MODEL	VIN # (LAST 6 DIGITS)
1			2		
3			4		
5			6		
7			8		
9			10		

16. Please give details of drivers:

TOTAL NUMBER OF DRIVERS		NUMBER OF FULL TIME EMPLOYEE DRIVERS	
NUMBER UNDER 25 YEARS OF AGE		NUMBER OF DRIVERS ON LONG TERM (30 DAY+) LEASE	
NUMBER OVER 60 YEARS OF AGE		NUMBER OF TWO PERSON DRIVER TEAMS	

17. Please give details of your cargo loss experience whether insured or not, for the past 5 years:

YEAR	PAID AMOUNT	RESERVE AMOUNT	WHAT HAPPENED?
20			
20			
20			
20			
20			

18. Has any insurer within the last 5 years refused to renew or cancelled insurance to the applicant:

YES / NO

If yes, please give details _____

19. Declaration:

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 and 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 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: _____

Position: _____

Dated: _____

NEW VENTURE PROFILE

Named Insured: _____

Effective date of new venture: _____

Date of first CDL: _____

How long have you been driving tractor / trailer rigs? _____

Who did you drive for prior? _____

For how long? _____

What were you hauling prior? _____

What was your usual route(s): _____

How many accidents were you involved in during the past 5 years? _____

Describe accident circumstances: _____

Attach a copy of all MVR's to the application

What will you be hauling now? _____

For whom? _____

Who is financing the new operation? _____

Are you applying for FHWA (ICC) authority? _____ When? _____

Do you expect to increase the number of vehicles within 1 year? _____ If yes, how many? _____

Describe your hiring practices: _____

Will you allow trip leasing? _____ Will you use team drivers? _____

Will or do family members travel you? _____

Describe the vehicle maintenance program: _____

What is the anticipated gross receipts for the next year? _____

What is the anticipated annual mileage? _____

Signed:

Position:

Date: