

**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: a) Common Carriers [ ] b) Private Carriers [ ]  
 c) Contract Carriers [ ] d) Owner of cargo [ ] e) 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? \_\_\_\_\_ 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? \_\_\_\_\_ If so, do you maintain copies of their current insurance arrangements on file? \_\_\_\_\_

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 circle 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, and 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 switchgear, turbines, generators and the like are NOT considered to be electronics*).

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			

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 ?	Sprinklered Building?	Max. value exposed?

10. Limits required: a) \$ \_\_\_\_\_ a.o.vehicle  
 b) \$ \_\_\_\_\_ a.o.loss (vehicle accumulation)  
 c) \$ \_\_\_\_\_ a.o.terminal (off 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: \_\_\_\_\_  
 \_\_\_\_\_

Percentage of hauls by distance: 1-250 miles [ ] 251-1000 miles [ ] 1001+ miles [ ]

13. 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

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 no. of drivers		No. of full time employee drivers	
No. under 25 yrs old		No. of drivers on long term (30d+) lease	
No. over 60 yrs old		No. 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Please give details of your cargo loss experience whether insured or not, for the past 5 years, on an All Risks / Broad Form basis, <b>FROM 1st DOLLAR / NO DEDUCTIBLE</b>			
Year	Paid	Outstanding	What happened?

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?: \_\_\_\_\_ 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	



**MOTOR TRUCK CARGO SHORT FORM QUESTIONNAIRE**

INSURED: ..... TYPE OF CARRIER: .....

ADDRESS: ..... DOCKET NUMBER:.....

- |  |   |
|--|---|
| <p>1] <b>GROSS RECEIPTS PAST 3 YEARS</b></p> <p>19 \$.....</p> <p>19 \$.....</p> <p>19 \$.....</p> <p>Est. Next year \$.....</p> | <p>2] <b>NUMBER OF VEHICLES</b></p> <p>Owned/Leased Power Units .....</p> <p>O/Leased dry trailers.....</p> <p>O/Leased reefer trailers/trucks .....</p> <p>O/Operators Long Term .....</p> |
|--|---|

3] **NUMBER OF DRIVERS..... OF WHICH UNDER 25..... AND OVER 65.....**

4] **MAIN CARGOS HAULED      %AGE OF TOTAL    AVERAGE VALUE    MAXIMUM VALUE**

.....

.....

.....

5] **APPROXIMATE NUMBER OF LOADS PER TRUCK PER ANNUM:.....**

6] **IS REEFER BREAKDOWN REQUIRED?.....**

7] **YEARS IN BUSINESS:.....**

8] **ARE VEHICLES LEFT LOADED AND UNATTENDED .....IF SO, WHAT SECURITY PRECAUTIONS ARE TAKEN.....**

- |   |  |
|---|--|
| <p>9] <b>LIMIT REQUIRED</b></p> <p>per truck.....</p> <p>per Loss.....</p> <p>Deductible.....</p> <p>Terminal 1.....</p> <p>Terminal 2.....</p> | <p>10] <b>GENERAL INFORMATION</b></p> <p>% of Loads 0-250 miles.....</p> <p>% of Loads 251-1000 miles.....</p> <p>% of Loads 1001 + miles.....</p> <p>% of work subcontracted out.....</p> <p>Number of filings needed .....</p> |
|---|--|

**11] 5 YEAR CLAIMS INFORMATION - SUBMIT SEPARATE SHEET IF NECESSARY**

LOSS DATE	DED.	WHAT HAPPENED?	PAID/ OUTSTANDING
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

- 12) **CURRENT INSURER ..... POLICY EXPIRES .....**
- IS RENEWAL BEING OFFERED?..... CURRENT PREMIUM .....
- COVERAGE REQUIRED: BROAD FORM .....NAMED PERILS.....
- DATE INSURANCE REQUIRED..... OTHER RELEVANT INFORMATION:.....

**NEW VENTURE PROFILE**

Named Insured \_\_\_\_\_ Effective date of new venture \_\_\_\_\_

How long have you been driving tractor/trailer rigs? \_\_\_\_\_

Who did you drive for prior? \_\_\_\_\_ How long? \_\_\_\_\_

Date of first CDL \_\_\_\_\_

What were you hauling prior? \_\_\_\_\_

What was your route? \_\_\_\_\_

How many accidents were you involved in the last 5 years? \_\_\_\_\_  
Describe: \_\_\_\_\_

**Attach a copy of all MVRS to the application**

What will you be hauling? \_\_\_\_\_ For whom? \_\_\_\_\_

Who is financing the new operation? \_\_\_\_\_

Are you applying for ICC authority?  yes  no When? \_\_\_\_\_

Do you expect to increase the number of vehicles within one year? \_\_\_\_\_

If yes, how many? \_\_\_\_\_

Describe your drive hiring practices \_\_\_\_\_  
\_\_\_\_\_

Will you allow trip leasing?  yes  no Will you use team drivers?  yes  No

Are family members traveling with you? \_\_\_\_\_ yes  no

Describe the vehicle maintenance program \_\_\_\_\_  
\_\_\_\_\_

What is the anticipated gross receipts? \_\_\_\_\_ total mileage? \_\_\_\_\_

**Attach a copy of the anticipated mileage by state**

Signature : .....

Date : .....

## FACSIMILE APPLICATION FOR DIFFERENCE IN CONDITIONS

1 Name of Assured:

Mailing address of Assured:

2 Location(s) of Property:

3 Nature of Assured's business:

4 Total Value & Interest to be covered

100% Coinsurance Values

Real Property

\$

Personal Property

\$

Business Interruption

\$

5 Policy Limit if different from above: \$

any one occurrence

6 Construction:

Height of Building:

Number of Stories:

Is there a basement?

Age/Condition of Building:

Protection Class:

7 (a) Loss History past 5 years; insured or uninsured  
(Excluding Fire, E.C., VMM losses)

(b) All Flood Loss History

8 Earthquake Zone Exposure:

Confirmation risk situated on firm natural ground

9 If Flood cover required, attach elevation certificate, if not available please advise:

(a) Height above nearest body of water:  
(Grade Floor)

(b) Name & Type of Body of Water:

(c) Is there a basement/is stock skidded:

(d) Flood Zone

(e) Any protections i.e. levee/dams etc