

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:-
Table with 4 columns: 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



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\_\_\_\_\_

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:

<b>Tractor Units</b>		<b>Reefer Trailers 10 yrs old or less</b>	
<b>Straight trucks</b>		<b>Reefer Trailers more than 10 yrs old</b>	
<b>Reefer trucks</b>		<b>Flat bed trailers</b>	
<b>Tank trucks</b>		<b>Tank trailers</b>	
<b>Other power units</b>		<b>Other trailers</b>	
<b>Total number of power units</b>		<b>Total number of trailers</b>	

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

<b>1</b>		<b>6</b>	
<b>2</b>		<b>7</b>	
<b>3</b>		<b>8</b>	
<b>4</b>		<b>9</b>	
<b>5</b>		<b>10</b>	

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, **FROM 1st DOLLAR / NO DEDUCTIBLE**

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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:

<b>Carrier</b>		<b>Existing deductible</b>	
<b>Renewal offered?</b>		<b>Existing limit</b>	
<b>Existing rate</b>		<b>Expiry date</b>	

22. Date from which insurance cover is required: \_\_\_\_\_

**23. 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 of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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 an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, 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. Coverage under your existing policy may be affected as follows:

ANY IN-FORCE TERRORISM EXCLUSIONS FOR ACTS OF TERRORISM, AS DEFINED IN THE ACT, ALREADY CONTAINED IN YOUR POLICY OR INCLUDED IN AN ENDORSEMENT ARE NULLIFIED AS OF NOVEMBER 26, 2002.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 90% 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.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

UNDER FEDERAL LAW, YOU HAVE THIRTY (30) DAYS TO CONSIDER THIS OFFER OF COVERAGE FOR TERRORIST ACTS AND SUBMIT THE PREMIUM REQUIRED. IF WE DO NOT RECEIVE THE QUOTED PREMIUM BY \_\_\_\_\_, THE TERRORISM EXCLUSION NULLIFIED BY THE ACT WILL BE REINSTATED ON \_\_\_\_\_, AND YOU WILL NOT BE COVERED FOR LOSSES ARISING FROM TERRORIST ACTS THAT WERE PREVIOUSLY EXCLUDED.

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$ _____
	I hereby elect to have the exclusion for terrorism coverage reinstated. I understand that I will have no coverage for losses arising from acts of terrorism that were previously excluded.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Insurance Company

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

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date