



Intact Insurance Company

Motor Truck Cargo Application

If you are primarily a local or regional carrier, in the business of transporting goods for others, our Motor Truck Cargo Carriers' Legal Liability Coverage will provide you with comprehensive coverage at a competitive price. Your trips will be generally shorter to mid-haul, potentially including U.S. delivery. The goods transported will be of low to medium risk in terms of damageability, theft and deterioration. Your business will be well established, showcasing strong financials and operational processes, including excellent operational controls to ensure proper completion of bills of lading or other detailed written shipping contracts or agreements. You will demonstrate excellence in fleet and equipment maintenance as well as disciplined driver controls.

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 has 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 <input type="checkbox"/> If yes, full details:					
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 <input type="checkbox"/> If yes, provide full details including date, type of loss, amount paid and outstanding:					
Date of Loss	Cargo Involved	Cause of Loss	Total paid	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 is derived from each 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). Attach copy of all contracts. 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 \$4.41 per kilogram when transporting goods including loading & unloading.	

Are loads ever sub-contracted or brokered to other carriers? 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 request proof of insurance (Certificates of Insurance) from all sub-contracted haulers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

What is the radius of the applicant's operations?		
Canadian Mileage	USA Mileage	List all provinces, states & territories traveled to:
% within 250 kilometers	% within 250 kilometers	
% 251 – 750 kilometers	% 251 – 750 kilometers	
% 751 – 1,500 kilometers	% 751 – 1,500 kilometers	
% 1,501– 4,000 kilometers	% 1,501– 4,000 kilometers	
% Over 4,000 kilometers	% Over 4,000 kilometers	

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

TRAILERS		
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	\$

DRIVER & SAFETY REQUIREMENTS			
What is the applicant's national safety code certification number?			
What is the minimum age of any driver?			
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"/>
Safety Procedures			
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 qualifies 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?			

INSURANCE REQUIREMENTS	
Limits of Liability Required:	
Any one vehicle	\$
At scheduled terminals (as listed above)	
1.	\$
2.	\$
3.	\$
At any unscheduled location	\$
Maximum Limit any one loss	\$
Special Conditions Requested:	
Filing Requirements:	
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 (including beer and wine)	%	\$	\$
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	%	\$	\$
Oilfield Drilling Rigs or Parts	%	\$	\$
Steel	%	\$	\$
Tobacco Products – Attach Supplement	%	\$	\$
Mixed Loads (of the above)	%	\$	\$
Other Commodities: Describe:	%	\$	\$

REFRIGERATION BREAKDOWN SUPPLEMENT

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

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

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

If a third party contractor, please confirm:

Name of Contractor: _____

Frequency of Servicing: _____

Length of Contract: _____

Refrigeration Unit Safety Features

Indicator lights that alert the driver to failure of system? Yes No

Are lights clearly visible to driver? Yes No

Are all units equipped with temperature gauge? Yes No

Are temperature gauges clearly visible to driver? Yes No

How often are drivers required to check gauges and log records? _____

Is a "Ryan's Chart" maintained on all refrigerated shipments Yes No

Describe emergency procedures in the event of refrigeration 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.