

SUBCONTRACTORS / OWNER OPERATORS

Do you subcontract to others or employ owner operators:		Yes	No
If so, are they employed on either:	a) Short Term Lease (Less than 30 days):	Yes	No
	b) Long Term Lease (30 days or more):	Yes	No
Is coverage required for these subcontractors / owner operators under this insurance:		Yes	No
If no, are they held responsible and insured for loss or damage to the cargo you subcontract to them:		Yes	No
If yes, do you obtain evidence of their current insurance coverage and hold on file:		Yes	No

THE CARGO

Please give details of the types of cargo you carry:

Type of Cargo	Max. Value Per Load	Ave. Value Per Load	% of Total Loads
Alcohol, Wine, Beer etc.			
Automobiles / Motorcycles			
Auto's On Hook / Towed			
Building Materials			
Chemicals			
Chilled / Frozen Foods			
Electronics *			
Garments *			
General Dry Freight			
Lumber, Wood etc.			
Machinery			
Produce			
Seafood (ex canned)			
Tobacco / Cigarettes etc.			
<small>OTHER - PLEASE SPECIFY</small>			
<small>OTHER - PLEASE SPECIFY</small>			
<small>OTHER - PLEASE SPECIFY</small>			

* Note:	<p><u>GARMENTS</u> DEFINED AS ITEMS OF CLOTHING INCLUDING INNERWEAR AND OUTERWEAR, FOOTWEAR, SHOES, BOOTS, GLOVES, HATS AND THE LIKE.</p> <p><u>ELECTRONICS</u> 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, VCR's, HI-FI'S, CD PLAYERS AND THE LIKE.</p> <p>NOTE THAT HEAVY ELECTRICAL ITEMS SUCH AS SWITCHGEAR, TURBINES, GENERATORS AND THE LIKE ARE <u>NOT</u> CONSIDERED TO BE ELECTRONICS.</p>
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<p>The following interests are excluded under the basic policy form, but can normally be covered at additional premium if requested. Please circle any items you wish to be covered and include within the list above.</p> <p>ACCOUNTS, AUTOMOBILES 'ON HOOK' OR BEING TOWED, BILLS, BULLION, CURRENCY, DEBTS, DOCUMENTS, EVIDENCE OF DEBTS, HOUSEHOLD GOODS AND/OR PERSONAL EFFECTS WHEN FORMING PART OF A DOMESTIC REMOVAL OR OFFICE RELOCATION, JEWELRY &/OR OTHER SIMILAR VALUABLE ARTICLES, LETTERS OF CREDIT, LIVE ANIMALS, MANUSCRIPTS, MECHANICAL DRAWINGS, MONEY, NON-FERROUS METAL IN SCRAP OR INGOT FORM, NOTES, PAINTINGS, PASSPORTS, PRECIOUS STONES, RAILROAD OR OTHER TICKETS, SECURITIES, STATUARY AND OTHER WORKS OF ART.</p>
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CARGO AT TERMINALS

Do you require cover for cargo in terminals or other places where vehicles are often left overnight or at weekends either:

Whilst loaded on / in vehicles or trailers:	Yes	No
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Whilst unloaded:	Yes	No
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If either answer is yes, please give details of the terminals or places regularly used:

Address of terminal or yard.	Fully fenced and locked at night?		24 Hour Security?		Alarmed Building?		Sprinklered Building		Maximum value at risk?
	Yes	No	Yes	No	Yes	No	Yes	No	
									\$
									\$
									\$

CARGO COVERAGE AND LIMITS REQUIRED

What form of cover do you require:	Broad Form	Yes	No	Named Peril Form	Yes	No
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Reefer Breakdown	Yes	No	Trailer Interchange *	Yes	No
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* Please advise approximate 'Trailer Days' per annum:	Days
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What limits do you require:	a) \$	Any One Truck (single truck load)
	b) \$	Any One Trailer (trailer interchange)
	c) \$	Any One Loss (truck accumulation at terminals)
	d) \$	Any One Terminal (cargo at terminals off truck)
	e) \$	Overall Maximum Loss Limit

Deductible preferred by you:	a) \$	Each and Every Loss.
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THE VEHICLES / EQUIPMENT

Description of your Vehicles / Equipment (Please attach a schedule if more than 5 units).

	Model Year	Make / Model	Type (Tractor, Truck, Trailer etc.)	VIN	Amount to be Insured
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

Please list any Loss Payees or Lien Holders on you vehicles:
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Will you use hired in equipment:	Yes	No	Will you loan your equipment out to others:	Yes	No
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Do you own or use Trucks and/or Trailers other than those scheduled *:	Yes	No
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* If Yes to above, please explain why coverage not required:
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Are your vehicles and/or equipment regularly inspected and serviced, if so, at what periods:
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VEHICLE COVERAGE AND LIMITS REQUIRED

What form of coverage do you require:	Comprehensive and Collision:	Yes	No
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Fire, theft & Collision Only:	Yes	No
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What limits do you require:	a) \$	Any One Truck or Trailer
	b) \$	Any One Truck and Trailer Combined
	c) \$	Any One Terminal

Deductible preferred by you:	a) \$	Each and Every Unit, Each and Every Loss.
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RADIUS OF OPERATIONS

What is the usual area of operation by percentage:	Up to 100 miles radius:	%
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101 – 500 mile radius:	%
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501 – 1000 mile radius:	%
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Over 1000 mile radius:	%
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DRIVERS

Please give details of drivers:

Total Number of Drivers:		Number of full time employee drivers:	
Number of Drivers under 25 years of age:		Number of Drivers over 60 years of age:	
Number of owner operator drivers on lease:		Number of two person driver teams:	

Please give details of checking procedures and criteria for employing new drivers:
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What are the criteria you use to determine whether to fire a driver:
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PREVIOUS CLAIMS / LOSSES

Please give details of all previous claims or losses within the last 5 years, whether insured or not:

CARGO

Date of Loss	What Happened	Amount Paid	Reserve Amount	Ded. applied:
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

VEHICLES / EQUIPMENT

Date of Loss	What Happened	Amount Paid	Reserve Amount	Ded. applied:
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

INSURANCE HISTORY

Please give details of your existing insurance carrier(s):

Carrier – Cargo:		Expiration Date:	
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Carrier – Vehicles:		Expiration Date:	
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Existing Deductible - Cargo:	\$
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Existing Deductible - Vehicles:	\$
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Existing Rate / Premium - Cargo:	
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Existing Rate / Premium - Vehicles:	
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Has any insurer within the last five years refused to renew or has cancelled insurance to the applicant:	Yes	No
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If yes, please give details:

OTHER INFORMATION / COVERAGE REQUIREMENTS

Please provide any other information which may have an affect on this insurance or details of additional requirements or coverage:

DECLARATION

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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 fact(s). 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 as soon as possible who may, at their discretion, vary the terms and conditions of the contract.

Signed by Applicant:	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 FMSCA (ICC) authority? YES NO When? _____

Do you expect to increase the number of vehicles within 1 year? YES NO If yes, how many? _____

Describe your hiring practices: _____

Will you allow trip leasing? YES NO Will you use team drivers? YES NO

Will or do family members travel you? YES NO

Describe the vehicle maintenance program: _____

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

What is the anticipated annual mileage? _____

Signed:

Position:

Date: