



**MOTOR TRUCK CARGO PROPOSAL FORM**

For use with Broad Form (15)

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
Alcohol/Beer/Wine	\$	\$	
Building Materials	\$	\$	
Chilled Food	\$	\$	
Containers (Sealed)	\$	\$	
Electronics	\$	\$	
Frozen Food	\$	\$	
Garments	\$	\$	
Machinery	\$	\$	
Produce	\$	\$	
Seafood	\$	\$	
Tobacco	\$	\$	
	\$	\$	
	\$	\$	

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. [ Trailer Interchange or Non-owned/Towed Trailer: \$ \_\_\_\_\_ each. No. of units \_\_\_\_.  
 While attached only or While attached and up to 72 hours at secure location.

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

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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>	

Please advise the maximum No. of trailers hauled at one time: Single    ; Double    ; Triple    .

14. Please give power unit vehicle description incl. VIN 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 (30 day +) 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>			
<b>Year</b>	<b>Paid</b>	<b>Outstanding</b>	<b>What happened?</b>

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19. Are details of claims within deductibles ('over, shortage and damage') maintained? If so, please give details for the past 3 years:

<b>Year</b>	<b>Total amount paid</b>	<b>Total amount outstanding</b>

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 rate &amp; ded.</b>	\$	\$
<b>Renewal offered?</b>		<b>Existing limit</b>	\$	
<b>Policy No.</b>		<b>Expiry date</b>		

22. Date from which insurance coverage is requested: From \_\_\_\_\_ To \_\_\_\_\_  
**Deductible: \$** \_\_\_\_\_ **Except: Target Goods \$** \_\_\_\_\_ ; **Reefer Breakdown \$** \_\_\_\_\_  
**Premium \$** \_\_\_\_\_ **Taxes \$** \_\_\_\_\_ **NAIS Broker Fee \$** \_\_\_\_\_

**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 X** \_\_\_\_\_ **Dated** \_\_\_\_\_  
**Position** \_\_\_\_\_

Additional Insured(s) Name and Address:

Continued from question : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Premium Finance Company being used: \_\_\_\_\_

Broker name and address: