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| Combined MTC and APD Proposal Form |

**All questions must be answered and the following must be attached:**

* ACV Vehicle Schedule
* Driver list with date of birth and number of years holding Class 1 (A)
* Five years loss history for physical damage and cargo only
* Current MVR’s on all drivers

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| **APPLICANT INFORMATION** |

1. Type of coverage required:  Motor

Truck

Cargo

Automobile Physical Damage: YES: NO:

1. Applicant:

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Doing business as: |  |
| Address of Applicant: |  |
| ICC Docket number: MC |  |
| Year established: |  |

**If new venture, please complete new venture section of this form.**

1. Addresses of Terminal if different than above:

1. Names, addresses and functions of Associated or Subsidiary Companies to be included:

1. Percentage of hauls by distance: 1-250 miles       %

251-1,000 miles       %

1,001 + miles       %

1. Do you require coverage within Alaska?: YES: NO:

Do you require coverage within Mexico?: YES: NO:

If yes, how far into Mexico, more than 100 miles?:

YES: NO:

1. Please give details of any steps taken to secure vehicles whenever left unoccupied:

1. Do you haul trailers attached in tandem and/or “Super B’s”/”B trains”?:

YES: NO:

Do you require cover for trailer interchange?:

YES: NO:

If yes, please give details of number of trailer interchange days per year:

Trailer Interchange limit required: $       any one trailer

$       any one loss

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| **DRIVERS AND DRIVER EXCLUSIONS** |

1. Please give overall driver details as below:

|  |  |  |  |
| --- | --- | --- | --- |
| Total number of drivers |  | Number of full time employee drivers |  |
| Number of two person driver teams |  | Number of drivers on long term (30 days +) lease |  |

1. Please give details of your checking procedures maintained for employing new drivers:

**DRIVER LIST – if more space is needed please add an additional sheet at the end of the document:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Driver Forename | Driver Surname | Date of Birth  dd/mm/yyyy | Date of Hire  dd/mm/yyyy | # years with class 1/A |
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1. What are the criteria you use to determine whether to fire exiting drivers?:
2. The policy form **EXCLUDES ANY DRIVER** who at inception of the policy or at the date of hire, whichever is the later, is not aged between 22 and 70 years inclusive, or who within the three (3) years prior to the inception date of the policy or at the date of hire:
3. Has any *critical* violations
4. Has more than 2 *major violations* **OR** 5 *minor* violations
5. Has more than 1 major violation **AND** 3 minor violations
6. Has not held a valid drivers license for the truck involved for at least (12) months immediately prior to operations for which cover is required

UNLESS such driver has been accepted by the under writers an endorsed on to the policy, with any additional premium paid as required by the Underwriters. It is a requirement of the policy that the Insured shall obtain satisfactory references and Motor Vehicle Records from reliable sources, also keep records thereof in respect of all drivers.

The words *critical violation(s)* shall mean:

1. Driving while intoxicated (DWI), implied consent, any suspension of the drivers license for failure to submit to alcohol testing,
2. Driving under the influence (DUI), implied consent, any drug related violation or any suspension of the driver's license for failure to submit to drug testing.

The words *major violation(s)* shall mean:

1. Manslaughter or negligent homicide,
2. Felony involving a motor vehicle,
3. Racing,
4. Hit and run,
5. Reckless driving,
6. License suspension for points,
7. Driving while license suspended,
8. Fleeing/eluding arrest,
9. Multiple driver licenses not reported to the Underwriters,
10. Accident other than whilst driving a private passenger vehicle,
11. Driving in excess of 100 miles per hour / 160 kilometers per hour

The word *minor violation*(s) shall mean

All moving violations other than the *major* *violations* or *critical violations* listed above and the following non moving violations:

1. Defective brakes
2. Defective equipment
3. Oversize or overweight

Please list below any drivers for which cover is required, who fall outside these criteria and attach details of their driving records (continue on an extra sheet if necessary):

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| **VEHICLES AND EQUIPMENT** |

1. Please give details of the number of vehicles for which cover is required:

|  |  |  |  |
| --- | --- | --- | --- |
| Tractor units |  | Reefer trailers |  |
| Straight trucks |  | Auto carrying trailers |  |
| Reefer trucks |  | Flat bed trailers |  |
| Tank trucks |  | Tank trailers |  |
| Other power units |  | Other trailers |  |
| Total number of power units |  | Total number of trailers |  |

1. If a scheduled vehicle(s) **MTC** policy is required, please complete columns A, B, C and D below for all power units to be covered **BUT** if an **APD** policy is required please complete all columns for all vehicles and equipment to be covered (attach a separate schedule if necessary):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Column | **A** | **B** | **C** | **D** | **E** |
| **MTC ->** | Model year | Make/Model | Type – power units only | V.I.N | N/A |
| **APD ->** | Model year | Make/Model | Type – all units | V.I.N | Actual cash value |
| 1 |  |  |  |  | $ |
| 2 |  |  |  |  | $ |
| 3 |  |  |  |  | $ |
| 4 |  |  |  |  | $ |
| 5 |  |  |  |  | $ |
| 6 |  |  |  |  | $ |
| 7 |  |  |  |  | $ |
| 8 |  |  |  |  | $ |
| 9 |  |  |  |  | $ |
| 10 |  |  |  |  | $ |
| 11 |  |  |  |  | $ |
| 12 |  |  |  |  | $ |
| 13 |  |  |  |  | $ |
| 14 |  |  |  |  | $ |
| 15 |  |  |  |  | $ |
| 16 |  |  |  |  | $ |
| 17 |  |  |  |  | $ |
| 18 |  |  |  |  | $ |
| 19 |  |  |  |  | $ |
| 20 |  |  |  |  | $ |

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| **MOTOR TRUCK CARGO**  **(to be completed if Motor Truck Cargo coverage required)** |

1. Are Companies:  Common Carriers

Private Carriers

Contract Carriers

Owner of Cargo

Other (please give details):

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.

1. Please give details of any operations carried out other than that of a carrier:

1. Do you subcontract to other parties?: YES: NO:

If yes, on long term (30+ day) leases?: YES: NO:

OR other basis, please give details:

Are subcontractors responsible and insured for loss/damage to the cargo you subcontract to them?: YES: NO:

If yes, do you maintain copies of their current insurance arrangements on file?:

YES:  NO:

1. Give details of any I.C.C. or State / Provincial cargo filings required:

1. Please give gross receipts (G.R.) in respect of your trucking operations for the last 5 years and estimate for the coming year:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **G.R. Own haul** | **G.R. Subcontracted out** | **Total G.R. All operations** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |

1. Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends **on** vehicles?: YES: NO:

or temporarily unloaded **from** vehicles?: YES: NO:

If either answer is yes, please give details of any such places which are regularly used:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address** | **Fully enclosed yard locked at night?** | **24 hour watchman?** | **Alarmed building?** | **Sprinklered building?** | **Maximum value exposed?** |
|  | YES: NO: | YES: NO: | YES: NO: | YES: NO: | $ |
|  | YES: NO: | YES: NO: | YES: NO: | YES: NO: | $ |
|  | YES: NO: | YES: NO: | YES: NO: | YES: NO: | $ |
|  | YES: NO: | YES: NO: | YES: NO: | YES: NO: | $ |
|  | YES: NO: | YES: NO: | YES: NO: | YES: NO: | $ |

1. Cover required:

Including refrigeration breakdown?: YES  NO

Named perils only?: YES  NO

1. The following interests which are **excluded** under the policy form can normally be covered at additional premium but only if requested. Please check any you wish to be covered and include details of such loads in your answer to Question 23. **Coverage does not apply for any of the following interests unless it is specifically accepted by the Underwriters and endorsed on to the policy**. Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings. Tobacco, cigars, cigarettes, pharmaceuticals, perfume, eau de toilette, non-ferrous metal in scrap and/or ingot form, furs, all forms of alcohol intended for human consumption other than beer, seafood unless canned, *garments* – defined as all items of clothing including but not limited to innerwear and outerwear, footwear, shoes, boots, gloves, hats and *electronics* - defined as all items of assembled consumer and commercial electrical appliances/ equipment and unassembled electronic components, including but not limited to; radios, televisions, computers (including peripherals), consoles, computer and/or gaming software, hard drives, ships, microchips, printed circuit boards and their components, modems, monitors, cameras, facsimile machines, telephones (including cellular), pagers, photocopiers, printers, scanners, batteries, PDAs, VCRS, HIFI's or stereos (including speakers/components), compact discs, MP3s, DVDs, minidisks, digital players and/or recorders. Battery operated or electrically operated toys with the unit value greater than $75 shall be deemed to be *electronics*. Heavy electrical items such as switchgear, turbines, and generators, or kitchen appliances such as washing machines, dishwashers, microwave ovens, toasters, and irons shall not be considered to be *electronics.*  Household goods and or personal effects, when forming part of a residential move or office relocation. Live animals (not excluded but cover is provided for *named perils* only).
2. Please list by category and percentage the total loads hauled:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of cargo** | **Average Value per load** | **Maximum value per load** | **% of total loads** |
| Alcohol (Target Commodity) | $ | $ |  |
| Electronics (Target Commodity) | $ | $ |  |
| Garments (Target Commodity) | $ | $ |  |
| Seafood (Target Commodity) | $ | $ |  |
| Tobacco (Target Commodity) | $ | $ |  |
| Autos – not on hook | $ | $ |  |
| Autos – on hook | $ | $ |  |
| Boats | $ | $ |  |
| Building Materials | $ | $ |  |
| Chilled/Frozen Food | $ | $ |  |
| Dry Groceries | $ | $ |  |
| Electrical Equipment (not electronics) | $ | $ |  |
| Fertilizer | $ | $ |  |
| Grain | $ | $ |  |
| Gravel | $ | $ |  |
| Hay | $ | $ |  |
| Heavy Machinery | $ | $ |  |
| Hazardous materials requiring placards | $ | $ |  |
| Logs | $ | $ |  |
| Lumber | $ | $ |  |
| Mobile Homes (incl double wide) | $ | $ |  |
| Mobile Homes (not double wide) | $ | $ |  |
| Oil (in bulk) | $ | $ |  |
| Oilfield Equipment | $ | $ |  |
| Plastic pipe | $ | $ |  |
| Produce (not reefer) | $ | $ |  |
| Refrigerated Loads (not seafood) | $ | $ |  |
| Sand | $ | $ |  |
| Steel | $ | $ |  |
| Tires | $ | $ |  |
| Other: | $ | $ |  |

|  |  |  |
| --- | --- | --- |
|  | **Contract Limits Required** | **Deductible Required** |
| 1. Any one truck/trailer (combined) | $ | $ |
| 1. Any one loss (vehicle accumulation) | $ | $ |
| 1. Any one terminal (off vehicles) | $ | $ |

If the limit for 24 (b) is in addition to the limit for 24 (c), please specify the overall loss limit required: $

1. Do you ever carry loads valued greater than the cargo insurance limit requested?:

YES: NO:

|  |
| --- |
| **MTC OPTIONAL ENDORSEMENTS** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Endorsement Type** | | **Required** | **Options** |
| 1 | In Full Premium Endorsement (A full list of VINs will be required at binding) | | YES  NO |  |
| 2 | Refrigeration Breakdown Endorsement (Minimum Deductible $2,500) | | YES  NO | Deductible $ 5,000 |
| 3 | Riggers Endorsement | | YES  NO | Limit $  Deductible $ |
| 4 | Contingent Transit Endorsement (Truck Brokering) | | YES  NO |  |
| 5 | Debris Removal Endorsement | | YES  NO | Limit $ 10,000 |
| 6 | Less than Trailer Load Endorsement (72 Hours Off Truck Cover) | | YES  NO |  |
| Terminal 1: | | | Limit $ |
| Terminal 2: | | | Limit $ |
| Terminal 3: | | | Limit $ |
| 7 | Trailer Interchange Endorsement Inc.   * Trailer Limit $ * Loss Limit $ | | YES  NO |  |
| 8 | Trailer Interchange Endorsement Inc. Whilst Unattached at Named Terminals   * Trailer Limit $ * Loss Limit $ | | YES  NO |  |
| Terminal 1: | | | Limit $ |
| Terminal 2: | | | Limit $ |
| Terminal 3: | | | Limit $ |
| 9 | Target Interest Inclusion Endorsement   * Target Goods to be Covered: * Theft Limit (Maximum $50,000): $ * Theft Deductible (Minimum $5,000): $ | | YES  NO |  |
| 10 | Driver Inclusion Endorsement (A full list of Drivers will be required at binding) | | YES  NO |  |
| 11 | Alaska Endorsement | | YES  NO |  |
| 12 | Additional Insured Endorsement | | YES  NO |  |
| Additional Insured | Address | Phone | Fax |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 13 | Container Endorsement   * Container Limit $ * Loss Limit $ | | YES  NO |  |
| 14 | Double/Triple Wide Mobile Home Endorsement | | YES  NO | Deductible $ |
| 15 | On Hook Endorsement | | YES  NO |  |
| 16 | Named Terminals Extension For On Hook Endorsement | |  |  |
| Terminal 1: | | | Limit $ |
| Terminal 2: | | | Limit $ |
| Terminal 3: | | | Limit $ |
| 17 | Cargo In And/Or On Trailers in Tandem Endorsement | | YES  NO |  |
| 18 | Loading and Unloading of Autos Endorsement | | YES  NO |  |
| 19 | Loading and Unloading off Autos (Including Unloaded Vacated Autos) Endorsement | | YES  NO |  |
| 20 | New Auto Valuation Endorsement | | YES  NO | Deductible $ |
| 21 | Named Perils Endorsement | | YES  NO |  |
| 22 | Mobile Home Raising, Lowering and Setting Down Endorsement | | YES  NO |  |
| 23 | Special Conditions: | | | |

1. Please give details of your cargo loss experience whether insured or not, for the past five (5) years, on an All Risks basis, **FROM 1st DOLLAR / NO DEDUCTIBLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Paid** | **Outstanding** | **What happened?** |
|  | $ | $ 0 |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |
|  | $ | $ |  |

1. Are details of claims within deductibles (‘over, shortage and damage’) maintained?

YES:  NO:

If yes, please give details from the past three (3) years:

|  |  |  |
| --- | --- | --- |
| **Year** | **Total amount paid** | **Total amount outstanding** |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |

1. Has any insurer within the past five (5) years refused to renew, or has cancelled any insurance for the Applicant?:

YES:  NO:

If yes, please give details:

1. Please give details of your existing cargo insurance:

|  |  |  |  |
| --- | --- | --- | --- |
| Carrier |  | Existing deductible | $ |
| Renewal Offered | YES: NO: | Existing limit | $ |
| Existing rate |  | Expiry date |  |

1. Date from which insurance cover is required:

|  |
| --- |
| **AUTOMOBILE PHYSICAL DAMAGE**  **(to be completed if Automobile Physical Damage coverage required)** |

1. Type of cargo carried:

as per attached schedule

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Limits required** | **Deductible required** | **Combined MTC & APD deductible required** |
| Any one Truck or Trailer | $ | $ | YES: NO: |
| Any one Truck and Trailer combined | $ | $ | YES: NO: |
| Any one loss | $ | $ | YES: NO: |

1. Please list any Loss Payees or Lien Holders on your Vehicles / Equipment (attach a separate schedule if necessary):
2. Will you use hired in Equipment? YES: NO:

Will you loan your Equipment out to others? YES: NO:

1. Do you own or use vehicles and / or equipment other than those listed?:

YES: NO:

If yes, please given details why coverage is not required:

1. At what periods are your vehicles and / or equipment regularly inspected and serviced?:

Weekly checks

Yearly inspections by mechanic

1. Please give the TIV at the Inception date of your policies, and details of your APD loss experience whether insured or not, for the past five (5) years, on an All Risks basis, **FROM 1st DOLLAR / NO DEDUCTIBLE**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Total Insured Value at Inception | Paid | Outstanding | What happened? |
|  | $ as attached | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |
|  | $ | $ | $ |  |

1. Has any insurer within the past five (5) years refused to renew, or has cancelled any insurance for the applicant?: YES:  NO:

If yes, please give details:

1. Please give details of your existing APD insurance:

|  |  |  |  |
| --- | --- | --- | --- |
| Carrier |  | Existing Deductible | $ |
| Renewal offered? | Yes.  No | Existing Limit | $ |
| Existing rate |  | Expiry date |  |

1. Date from which insurance cover is required:

|  |
| --- |
| **NEW VENTURE**  **(to be completed only if a new venture)** |

1. Effective date of new venture?:

Date of first CDL:

1. How long have you been driving tractor / trailer rigs?:
2. Who did you previously drive for?:

For how long?:

1. What types of goods were you previously hauling?:
2. What was / were your usual route(s)?:
3. How many accidents or losses were you involved in during the past five (5) years?:

Describe the circumstances of the accidents or losses:

1. Will you be hauling for anyone in particular?:
2. Who is financing the new venture:
3. Are you applying for FHWA (ICC) authority?: YES:  NO:

If yes, when?:

1. Do you expect to increase the number of your vehicles within one (1) year?:

YES:  NO:

If yes, how many?

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| **DECLARATIONS AND SIGNATURE** |

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 facts. I/we agree that should a policy be issued, this form INCLUDING THE DRIVER EXCLUSIONS AS PER QUESTION 12 shall be the basis of the contract, and that any changes 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.

Date (dd/mm/yyyy)

Signature of Insured

Title/Position

Notes:

|  |
| --- |
| **BROKER INFORMATION** |

|  |  |
| --- | --- |
| Broker: |  |
| Contact: |  |
| Phone: |  |
| Fax: |  |