



**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:-

| 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 unless canned, and electronics (*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, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered to be electronics*).



|   |  |    |  |
|---|--|----|--|
| 14. Please give power unit vehicle identification numbers if scheduled vehicle policy required: |  |    |  |
| 1   |  | 6  |  |
| 2   |  | 7  |  |
| 3   |  | 8  |  |
| 4   |  | 9  |  |
| 5   |  | 10 |  |

|                                 |  |  |  |
|---------------------------------|--|--|--|
| 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, <b>FROM 1st DOLLAR / NO DEDUCTIBLE</b> |      |             |                |
|--|------|-------------|----------------|
| 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: |  |                     |  |
| Carrier   |  | Existing deductible |  |
| Renewal offered?  |  | Existing limit      |  |
| Existing rate   |  | Expiry date         |  |

