



UNIVERSAL UNDERWRITING MANAGERS LTD.

500 - 4211 KINGSWAY, BURNABY, B.C., CANADA V5H 1Z6

TEL: (604) 639-5969 FAX: (604) 437-0928

AUTOMOBILE PHYSICAL DAMAGE INSURANCE APPLICATION

Policy# or Quote: _____ Date: _____

Broker: _____ Submitted by: _____

1. GENERAL INFORMATION

a. Name of Applicant: _____

b. Mailing Address of Applicant: _____

c. Location of Risk: _____

d. Name and Date of Birth of Principals: _____

2. BUSINESS INFORMATION

a. Applicant is: Corporation Partnership Individual Other specify: _____

b. Applicant is: Hauling Logs _____% Hauling Sand and Gravel _____%
 Other Specify: _____%

If Hauling Logs, what percentage if driving on Logging Roads and Highways?
Highway _____% (Logging Forest) Roads _____%

c. Number of months of Operations for each Activity: _____

d. Does Applicant operate 12 months a year? Yes No
If No, how many months of operation annually: _____ months

e. Number of years in business under the same name: _____ Years
Number of years of experience in this business: _____ Years

f. Name of previous Insurer: _____

Policy number: _____ Expiry date: _____

g. Is present Carrier offering renewal conditions? Yes No
If No, why: _____

h. Proposed effective date of coverage if different from expiry date and why _____



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3. OPERATION SECTION

a. Radius of operation: up to 80 km 81 to 160 km 161 to 250 km 251 to 350 km
 351 to 500 km over 500 km

b. Will you, at any one time exceed 500 km One Way? Yes No

If Yes, state maximum distance and where: _____

c. Ice and Muskeg Exposure: Yes No

d. Do you haul cargo in U.S.A.? Yes No

If Yes, state % of your total operation & which States: _____

4. FINANCIAL INFORMATION

a. Is Applicant now or ever been involved in : Bankruptcies Yes No Foreclosures Yes No
Any litigation Yes No

If Yes, explain: _____

5. PHYSICAL PLANT INSPECTION

a. Civic address of principal terminal, if other than above: _____

b. Construction detail of terminal: _____

c. Are vehicles stored inside or outside the terminal WHEN NOT IN USE: Inside Outside

If Inside, give maximum values at any one time: \$ _____

6. COVERAGE REQUIRED

All Risks form Schedule basis
 Actual Cash Value Basis Ice and Muskeg coverage

7. DEDUCTIBLE

While hauling sand and gravel, all deductibles doubled in the event of a loss arising out of or caused by the loading and unloading operations with a dump truck or end dump truck or similar vehicle.

- \$1,000 of the amount of insurance of each item not exceeding \$10,000
- 5%, minimum \$2,500 of the amount of insurance of each item between \$10,001 and \$50,000
- 5%, minimum \$5,000 of the amount of insurance of each item between \$50,000 and more
- 5% minimum, \$5,000, for Operations over Ice and Muskeg or: \$ _____
- Others, specify: _____

8. SAFETY AND MAINTENANCE PROGRAM

a. Do you have in place a Safety program? Yes No

If Yes, provide a copy or describe: _____

b. Do you have in place a Maintenance program for your vehicles? Yes No

If Yes, describe: _____



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9. LIST OF VEHICLES

ITEM#	YEAR	MAKE(*)	TYPE OF BODY	V.I.N. (Serial Number)	ACTUAL CASH VALUE
					\$
					\$
					\$
					\$
					\$
TOTAL INSURABLE VALUE:					\$

- a. Are any vehicles of the listed vehicles equipped with "A Guardian Interlock Alcohol Senses Device"?
 Yes No
- b. Is there any equipment permanently mounted on any vehicle not related to a driving exposure? Yes No
If Yes, give details: Which item is equipment mounted on: _____
- c. Describe mounted equipment:
Year: _____ Make: _____ Serial #: _____ Value of equipment: \$ _____
- d. Is this value included in the unit value? Yes No
Will our policy cover the mounted equipment? Yes No
- e. Do you own or use other equipment than as listed above? Yes No
If Yes, give details: _____
- f. Do you lease, loan or rent any of YOUR equipment to others? Yes No
If Yes, give details: _____
- g. Are any of the listed vehicles, equipped with Road Speed Governors? Yes No
If Yes, which one(s): _____
- h. Are all vehicles equipped with portable fire extinguishers? Yes No
If Yes, state kind and size: _____
- i. Are all fire extinguishing systems maintained, serviced, tested and replenished in accordance with the manufacturer's instuction and recommandations? Yes No
- j. Do you require any Legal liability for Damage to Non-owned trailers? Yes No
If Yes, advise below:
Number in your care at any one time: # _____ Trailers \$ _____ Value of Trail(s)

10. DRIVER'S INFORMATION

- a. Provide copies of recent abstracts for all drivers. (Complete separate sheet if more than 3 drivers including the Applicant)
- b. Will you at any time during the term of this policy, hire a new driver under 25 years old? Yes No
If Yes, explain: _____
- c. Do you check driver's abstracts before hiring new drivers? Yes No
- d. All newly hired driver(s) will have to be reported to the Insurer prior to his hiring and provide a recent abstract for each new driver. The Insurer reserves the right to accept or decline to cover the new driver(s).

Give particulars of all convictions arising from the operation of any automobile during the past 3 years for each Driver.



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Coverage will only apply once the Insurer has accepted the new driver(s)

	Owner Operator (Applicant)	Driver # 2	Driver # 3
Name			
Date of Birth			
Driver's License Number			
License Class			
# of Years of Related Driving Experience			
When Class I License first issued?			
Conviction of Violating Traffic Laws			
Licensed ever suspended or revoked			
Accidents & Descriptions			
Which unit will it be assigned to Driver			
How long employed by Applicant			

11. LOSS HISTORY FOR THE LAST 5 YEARS

Give particulars of all accidents or claims arising from the ownership or operation of any vehicle for Physical Damage for the past 5 years (indicate deductible applicable at time of loss, name of Driver and Item # or replacing item involved).

CLAIM HISTORY STATEMENT AND WARRANTY ENDORSEMENT

"Coverage provided under the policy is contingent on the following warranty, requirements and acknowledgement as evidenced by the named Insured's signature. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act, which is a crime. It is understood and agreed that in lieu of the required insurance company loss run to document the prior loss history of the Named Insured, the following statement of claims is accepted as supplemental application information and also serves as a warranty statement and is made part of the policy."

Item #	Description of Loss	Driver's Name	Paid & or Reserve
			\$
			\$
			\$
			\$
What has Applicant done to prevent similar accident(s)?			

12. LOSS PAYEES / LEASING COMPANIES

NAME, ADDRESS & POSTAL CODE

ITEM #

LOSS PAYEE OR LEASING COMPANY

<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Leasing Company
<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Leasing Company
<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Leasing Company



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13. WARNING

The signing of this application does not bind the Applicant to purchase the insurance, but it is agreed that this application and any material submitted therewith are the representation of the proposed Applicant and are material. It is further agreed that this application and any material submitted therewith shall be the basis of the contract should a Policy be issued, and this application and any attachment thereto will be attached to and become a part of the Policy.

I / We understand that the Underwriters may declare any policy written, void in the event of any false statement, misrepresentation, omission or concealment in the Proposal Form.

Have owners ever been prosecuted under criminal charges? Yes No **If Yes**, include a copy of record.

Signature of Applicant

Date

**NOTE: It is a requirement that the Applicant retain a copy of this application because it forms a part of the insurance policy, when issued.*

14. Broker's Report

a. Was client in your office or did you visit him?

b. Are you the incumbent Broker? Yes No

If Yes, how many years have you insured him? _____ Years

c. How long have you know this Applicant? _____ Their operators: _____

d. Are there special circumstances concerning this Applicant which the Company should know?

Yes No **If Yes**, give particulars: _____

e. What is the expiring premium? \$ _____

Broker's Signature

Date