

UNIVERSAL UNDERWRITING MANAGERS LTD.

500 – 4211 Kingsway Burnaby, BC V5H 1Z6 Tel: (604) 639-5969 Fax: (604) 437-0928

MOTOR TRUCK CARGO APPLICATION FORM

Attach an extra sheet if there is insufficient room for answers.

1. Applicant: _____ doing business as:
_____ Year established _____

Address: _____

Contact name: _____, Phone No: _____, Fax No: _____

2. Names, addresses and functions of Associated or Subsidiary Companies, if any, 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 agreements 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*).

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7. Form of cover required: Broad Form []

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
Machinery			
Tobacco			
Produce			
Chilled Food			
Frozen Food			
Building Materials			

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) \$_____ any one 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. Give details of any I.C.C. or State / Provincial cargo filings required / Docket # for filing purpose:

Percentage of hauls by distance:

1 to 250 miles [%], 251 to 1000 miles [%], 1001+ miles [%], To USA [%]

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

Tractor Units		Reefer Trailers 10 yrs old or less	
Straight Trucks		Reefer Trailers more than 10 yrs old	
Reefer Trucks		Flat bed trailers	
Tank Trucks		Tank Trailers	
Other power units		Other Trailers	
Total number of power units		Total number of trailers	

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

1		6	
2		7	
3		8	
4		9	
5		10	

15. 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.

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			

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Laws			
Licensed ever suspended or revoked			
Accidents & Descriptions			
Which unit will it be assigned to Driver			
How long employed by Applicant			

16. Please give details of your cargo and/or liability loss experience whether insured or not, for the past 5 years, on an All Risks / Broad Form / CGL basis.

Year	Paid	Outstanding	What happened?

17. Are details of claims within deductibles ('over, shortage and damage') maintained? If so, please give details for the past 5 years:

Year	Total amount paid	Total amount outstanding

18. Additional discounts will be considered if you can provide a 10 year record of the information in paragraphs 18 and 19 above (year 6 to year 10 in the past).

Year	Total amount paid	Total amount outstanding

19. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?:
 _____ If so, please give details: _____

20. Please give details of your existing cargo insurance:

Carrier		Existing deductible	
Renewal offered?		Existing limit	
Existing rate		Expiry date	

21. Date from which insurance cover is required: _____

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22. 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.

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.

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 _____ **Dated** _____

Position _____