

# CONTINGENT MOTOR TRUCK CARGO LEGAL LIABILITY & INLAND CARGO INSURANCE

## APPLICATION

### IMPORTANT NOTES :

*The questions contained in this Application are designed to give the Insurance Company sufficient information regarding your business to offer to you an insurance quotation. It cannot always cover every aspect and it is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions.*

*If you require assistance in completing this Application, Treacy Insurance Brokers Ltd will be pleased to assist you.*

*This Application must be signed and dated by an Officer, Partner or Owner of the company applying for the coverage.*

*Please provide a copy of :*

- Your Corporate Brochure;*
- Your most recent Annual /Financial Report;*
- Your Standard Trading Terms or Terms & Conditions of Service;*
- Sample Invoice (front & back);*
- Any other documents or contracts addressing, increasing or extending your liability and/or damages in the event of a claim and/or lawsuit.*

*Information contained in this Application will be used to obtain insurance quotations on your behalf. It will be released to Insurance Companies and/or other insurance intermediaries such as insurance agents, insurance brokers or Managing General Agents for the purpose of obtaining on your behalf insurance quotations or to other parties as may be required by law.*

*Treacy Insurance Brokers Ltd confirms that it will maintain the confidentiality of this information while also complying with its obligations under the B.C. Personal Information Protection Act ("PIPA"). By signing this Application you give Treacy Insurance Brokers Ltd permission to release this Application and the information contained herein to the foregoing mentioned parties at this time and at any time in the future unless we receive specific written notification from you not to do so.*

*It is a requirement of a Freightbrokers Contingent Cargo Legal Liability Policy that the freightbroker maintain on file at all times current evidence :*

*a. of the carriers cargo liability insurance showing :*

- the name of the carrier;*
- the Policy #,*
- the Policy period,*
- the Limit of Liability,*
- the insurance coverage and*
- the name/address of the insurance company*

*b. that the freightbroker has contacted and confirmed with the Insurance Company shown on such evidence of insurance that in fact the policy is in force*

*c. evidence of relevant statutory filings with the regulatory bodies in the USA, Canada and Mexico, as applicable.*

*Failure to so do will void coverage with respect to shipments arranged with a carrier where the foregoing is not complied with.*

**1. INSURED.** Please include all subsidiaries/divisions whose shipments are to be insured and declared under the Policy and attach any informative corporate brochures you may issue.

**FULL NAME:**

**ADDRESS:**

Other Offices (name cities) :

Contact :                      Position :                      Tel #                      Fax #                      e-mail

# Years in operation :                      Paid-up capital : \$                      Present Insurer :

**2.** Are you members of any provincial, national or international organizations ?    Yes    No

**If yes**, please name any such organizations/associations :

**3.** Are companies shown above :

a. Common Carriers :                      No    Yes    ( **if yes**, attach copy of bill of lading )

b. Contract Carriers :                      No    Yes    ( **if yes**, attach copy of the contract )

c. Freightbrokers :                      No    Yes

d. Owner of Cargo :                      No    Yes

e. Other :                      No    Yes    ( **if yes**, please give full details ) :

**4. a.** Do any of the Companies to be Insured sub-contract to other parties.

Long term ( 30 days plus )	Yes	No
Short term	Yes	No

b. Are sub-contractors insured for their cargo liability . No    Yes. **If Yes**, give details of steps taken to ensure that their cargo liability insurance is in force and remains in force.

Please attach details of any Yes answers to the above.

**5.** Can you accurately record the actual values of the goods you carry or have carried ?. Yes    No

**6.** Please provide 5 year information in respect of the following, plus estimate for next year.

YEAR	GROSS RECEIPTS	NUMBER OF LOADS	NUMBER OF CARTONS OR PACKAGES PER LOAD	PERCENTAGE SUB-CONTRACTED
------	----------------	-----------------	--	---------------------------

2006  
2007  
2008  
2009  
2010  
Estimate 2011

**7. Excluded Goods :** Underwriters will not insure Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, microchips; computer chips.

**8. GOODS TO BE INSURED.** List the main type(s) of goods to be insured and the packing:

DESCRIPTION	MAXIMUM		AVERAGE		PERCENTAGE OF TOTAL NUMBER OF LOADS
	Value per load	# cartons per load	Value per load	# cartons per load	
Tobacco					
Cigarettes					
Cigars					
Beer/Wine/Spirits					
Chilled Food					
Frozen Food					
Fresh Produce					
Wearing Apparel					
Electrical Equipment					
Computers and Parts					
Stereos, vcr's, dvd's, tv's etc					
Heavy Machinery					
Fur (Skins)					
Fur ( Finished )					
Passenger vehicles					
Personal Effects					
Other - specify :					
TOTALS:	\$		\$		100%

**9. DESTINATIONS.** Indicate percentage (%) by destination of shipments insured in the previous twelve (12) months AND estimates for the next twelve (12) months. Also, the major geographic zones and countries that goods are exported to or imported from Canada.

	Imports (%)			Exports (%)		
	Truck	Rail	Air	Truck	Rail	Air
Continental United States of America						
Hawaii	n/a	n/a		n/a	n/a	
Mexico						
Central America						
South America						
SOLELY WITHIN CANADA						

10. Give approximate percentage of operations :

Less than 100	kms	%
100 to 250	kms	%
250 to 500	kms	%
500 to 1000	kms	%
1000 to 2500	kms	%
Over 2500	kms	%

11. # plain trucks # plain trailers # tractors # reefer trucks # reefer #trailers  
Total # vehicles : of which are Owned and are Leased. Average age of vehicles:

Give maintenance procedures on the vehicles : Attach  
Schedule vehicles described above giving Description (e.g. 1997 3/4ton Chev Van) & Serial #

#	Year	Make	Type	Description	Serial #
---	------	------	------	-------------	----------

12. Total # drivers \_\_\_ of which \_\_\_ are full time employees; \_\_\_ are long term lease ( 30 day plus);  
and \_\_\_ short term lease. Number of drivers under 25yrs of age \_\_\_ over 60 yrs of age \_\_\_

Details of checking procedures maintained for employing new drivers ? Are they bonded ?

13. Are vehicles left loaded and unattended in terminals or otherwise:

(a) during the day Yes No (b) overnight Yes No

If either answer is Yes, please detail ALL security precautions taken to secure vehicle and cargo.

14. Do you require to cover the cargo in terminals :

(a) on vehicles: Yes \_\_\_ No \_\_\_

(b) off vehicles: Yes \_\_\_ No \_\_\_ If either answer is Yes, Full Address of Terminal :

and is the terminal :

Sprinklered :	Yes	No
Alarmed :	Yes	No
Fenced :	Yes	No
Watchmen(24hr) :	Yes	No
Construction(steel on concrete pad,etc) :		
Distance from fire hall :		
Distance from fire hydrants :		
Describe any additional security/fire protection :		

**15. CLAIMS RECORD.** A five (5) year detailed claims record of individual claims is required. Each claim should show the following information. If you are unsure of your claims record, your current Insurer through your present insurance broker can supply this. Example of information as follows:

(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
DATE OF LOSS	DESCRIPTION OF LOSS	GOODS INVOLVED	TRUCK RAIL OR AIR	IMPORT, EXPORT OR SOLELY WITHIN CANADA	AMOUNT CLAIMED	AMOUNT PAID OR OUTSTANDING
07/08/06	Truck rollover Weight 1000lbs Bill of Lading limited to \$2 per lb or \$2000.	30 cartons computer parts	Truck	Import New York to Vancouver	\$10,000	Outstanding

CONFIDENTIAL

16. Are over, shortage and damage statistics maintained: Yes No . If Yes, please give totals open and paid for each of the past 5 years:

YEAR	OPEN	PAID
2006		
2007		
2008		
2009		
2010		

17. PREMIUM RECORD. Please advise a 5 year record of gross premiums paid :

YEAR	GROSS PREMIUM
2006	
2007	
2008	
2009	
2010	

### 18. FILING REQUIREMENTS

In which Provinces/States must cargo filings be made :

Does the Applicant have (U.S.) I.C.C. Authority ? . If "Yes" provide docket # : MC \_\_\_\_\_

19. YOUR CURRENT POLICY. Please advise if your present policy contains any of the following:

- (i) Deductible: Yes No . If yes, what is the amount ? \$
- (ii) Franchise: Yes No . If yes, what is the amount ? \$
- (iii) Specifically excluded goods, please advise:

### 20. INSURANCE REQUIREMENTS :

A. CONTINGENT MOTOR TRUCK CARGO LEGAL LIABILITY or Motor Truck Cargo Liability

- (i) Contingent - Limit of Liability any one accident or occurrence : \$ Deductible \$
- (ii) Motor Truck - Limit of Liability for each of the scheduled vehicles : \$ Deductible \$
- (iii) Limit of Liability required at each of the scheduled Terminals : \$ Deductible \$

B. PHYSICAL DAMAGE TO CARGO

(i) Maximum Limit require :	Any One Parcel / Package	Any On Load
Truck	\$	\$
Rail	\$	\$
Air	\$	\$
Terminal	\$	\$

(ii) Deductible required: \$ each and every loss.

(iii) Basis of Valuation : Cost, Insurance and Freight plus 10%

Does the above meet your requirements? Yes No  
If no, please advise the Basis of Valuation you require :

21. Have you ever had a previous cargo policy cancelled ? Yes No . If yes, please explain :

22.POLICY TERM. To cover all shipments on and after , 200

**23. SIGNATURE.**

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any event or occurrence taking place prior to the effective date of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein **WILL BE IMMEDIATELY REPORTED IN WRITING TO THE INSURER.** The undersigned acknowledges and agrees that the submission and accuracy of the information on this application and the Insurers receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

**The signing of this application does not bind the undersigned to purchase insurance nor does review by the Insurance Company to issue a policy and the Insurance Company reserves its right to offer limits, deductibles or franchises other than those shown herein. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it shall become part of said policy.**

Signature :

Position:

Printed :

Date :

**24. INSURANCE BROKER :**

**Treacy Insurance Brokers Ltd**  
Suite 212 – 2571 Shaughnessy Street  
Port Coquitlam, B.C.  
V3C 3G3

Tel # 604.945.5747

Fax # 604.945.4204

E-Mail : [mark.wilson@treacyinsurance.com](mailto:mark.wilson@treacyinsurance.com)

Website : [www.treacyinsurance.com](http://www.treacyinsurance.com)

*We thank you for this opportunity to be of service to you.*