

LPI Motor Truck Cargo Application

Tel: 604-276-2474 Fax: 604-276-2943 legearpelling.com

#110 - 7340 Westminster Hwy Richmond, BC V6X 1A1

LEGEAR • PELLING

INSURANCE AGENCIES LTD.

Community Minded Customer Committed

Motor Truck Cargo Application

Broker:				Broker No.:	
Telephone:		E Mail			
BASIC INFORMATION					
Full Name of Applicant:					
Full Name of Principal(s):					
Postal Address (including Postal Code):					
In business since:		Any management, ownership or operation changes in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Applicant been at this same location since		Is applicant a Limited (incorporated) company?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Current Insurer:		Policy No.:		Expiry Date	
Expiring Premium		Current Deductible			
Previous insurance declined or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, full details:					
Broker, is the applicant currently insured by your office? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how long have you insured the applicant?					
Any claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide full details including date, type of loss, amount paid and outstanding:					
Date of Loss	Cargo Involved	Cause of Loss	Total paid	Deductible Applied	
DESCRIPTION OF OPERATIONS					
Revenue: List actual gross receipts from all trucking related operations:					
\$	For the Period	From:	To		
\$	For the Period	From:	To		
\$	For the Period	From:	To		
\$	Estimated gross receipts for the coming policy term.				
What percentage of the applicant's receipts are derived from the following operations?					
%	As a licensed common (public) carrier.				
%	As "Owner/Operator" or "Lease/Operator" for another licensed common carrier: Name of Carrier:				
%	As contract carrier for specific shipper(s). Attach copy of all contracts. Name(s) of Shipper(s):				
%	As owner of cargo				
%	As freight forwarder or freight broker				
State the type of Bill of Lading used and attach a copy of Bill(s) of Lading in use.					
Released:	%	Declared Value:	%		
Are all Bills of Lading signed by the "Shipper" and "Truckman"? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Under the "Motor Carrier Act" a standard "Bill of Lading" dictates the trucker is liable for \$2.00 per pound when transporting Goods including loading & unloading.					

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Are loads ever sub-contracted or brokered to other carriers? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, please complete the following:	
Is this done under the applicant's bill of lading?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the other carrier issue a bill of lading?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, to whom?			
What percentage of annual gross revenue is derived from such sub-contracted hauling?		%	
Do you proof of insurance (Certificates of Insurance) from all sub-contracted haulers?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

What is the radius of the applicant's operations?	
% within 100 miles	List all provinces, states & territories traveled to:
% 101 – 500 miles	
% 501 – 1000 miles	
% 1,001 miles – 2,500 miles	
% Over 2,500 miles	

Terminals: Please provide full details of all terminals owned or operated by the applicant. Attach property underwriting details as required using standard property application.

ADDRESS	DESCRIBE SECURITY	MAXIMUM VALUES INSIDE	MAXIMUM VALUES OUTSIDE
1.		\$	\$
2.		\$	\$
3.		\$	\$

Unattended Loads: Are vehicles ever left unattended at terminals or elsewhere, including overnight? Yes No
 If yes, please provide details of location(s), security & average/maximum duration.

Vehicles: Power units (tractors) only – do not include trailers:		
(Insert Number of Units)	Insured's Own Units	Sub-contracted/Lease Operators
Tractors		
Straight Trucks (Open)		
Van Trucks (Dry)		
Van Trucks (Refrigerated)		
Other Power Units Describe:		

Does the applicant operate any vehicles for which cargo insurance is not to be included under this policy? Yes No
 If Yes, please explain:

Are all units equipped with:			
Alarms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>
GPS Tracking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Two Person Crews	Yes <input type="checkbox"/> No <input type="checkbox"/>
Two Way Radios	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cellular Telephones	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other safety/security features:

List power units (attach a separate schedule if necessary):					
Unit #	Year Built	Make & Model	Body Style	Serial No	Registered GVW

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Trailers:			
Does the applicant ever engage in hauling trailers in Tandem?			Yes <input type="checkbox"/> No <input type="checkbox"/>
How many trailers does the applicant own? (Insert # of trailers for all that apply)			
Dry Vans	Flat decks	Auto Carriers	
Refrigerated Vans	Cattle Liners	Tankers	
Other Trailers (Describe):			
Does Applicant ever haul non-owned trailers?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the maximum number in the applicant's possession at any one time?			
Average Value \$	Maximum Value \$		
DRIVER & SAFETY REQUIREMENTS			
What is the applicant's national safety code certification number?			
What is the minimum age of a driver before eligible for employment?			
What is the minimum requirement for commercial trucking experience (years)?			
Number of drivers employed:	Full time	Part time	Sub-Contracted/Lease Operators
Does the applicant's driver selection process include:			
Road Test	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-Employment Medical	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reference Checks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Review of Driver Abstracts	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mountain Experience	Yes <input type="checkbox"/> No <input type="checkbox"/>	Written Application	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety Procedures			
Is there a full time safety supervisor?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a "no loss" bonus program			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what percentage of drivers qualify for the bonus? %			
Is there a preventative maintenance program in place?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are written records of vehicle maintenance/condition maintained?			Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are controlled inspections performed?			
INSURANCE REQUIREMENTS			
Limits of Liability Required:			
Any one vehicle	\$		
At scheduled terminals (as listed above)			
1.	\$		
2.	\$		
3.	\$		
At any unscheduled Location	\$		
Maximum Limit any one loss	\$		
Special Conditions Requested:			
Filing Requirements:			
List all provinces and states where the applicant has been advised a Motor Truck Cargo Filing is required:			
If ICC (US) Filing is required for Cargo (Forms BMC 34 or BMC 35), Provide Docket No: MC			

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Estimate the % of Gross receipts derived from hauling each commodity carried. Avoid the use of non-specific terms such as "General Merchandise".			
COMMODITY	% OF RECEIPTS	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE
Alcoholic Beverages (excluding beer)	%	\$	\$
Auto Parts or Accessories	%	\$	\$
Automobiles (New)	%	\$	\$
Automobiles (Used)	%	\$	\$
Boats/Watercraft	%	\$	\$
Building Products (not lumber or logs)	%	\$	\$
Bulk Liquids (in tankers)	%	\$	\$
Computers/Electronics – attach supplement	%	\$	\$
Containers (Reefer) – attach supplement	%	\$	\$
Containers (Other)	%	\$	\$
Flammables or Explosives	%	\$	\$
Frozen Foods – attach reefer supplement	%	\$	\$
Hazardous Goods - Describe:	%	\$	\$
Heavy Machinery	%	\$	\$
Household Goods (Specific Contract)	%	\$	\$
Household Goods (Residential Movers)	%	\$	\$
Light Machinery including Parts	%	\$	\$
Live Animals, Birds or Fish	%	\$	\$
Logs/Woodchips/Gravel	%	\$	\$
Lumber	%	\$	\$
Meat/Seafood/Poultry (Boxed) – Attach Supplement	%	\$	\$
Meat (Swinging or Hanging) – Attach Supplement	%	\$	\$
Mobile Homes	%	\$	\$
Non-Perishable (Dry) Foods	%	\$	\$
Perishable Foods (Produce) – Attach Supplement	%	\$	\$
Other Perishables Describe:	%	\$	\$
Oilfield Equipment – Light	%	\$	\$
Oilfield Equipment – Heavy	%	\$	\$
Steel	%	\$	\$
Tobacco Products – Attach Supplement	%	\$	\$
Mixed Loads (of the above)	%	\$	\$
Other Commodities: Describe:	%	\$	\$

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REEFER BREAKDOWN SUPPLEMENT

Please complete the following if any temperature controlled property is transported including containers.

How many units/trailers are equipped with "Reefer" units? Trailers _____ Van Trucks _____ Other _____

Who is responsible for the maintenance of the Reefer units? Insured Third Party Contractor

If a third party contractor, please confirm:

Name of Contractor: _____

Frequency of Servicing: _____

Length of Contract: _____

Reefer Safety Features

Indicator lights that alert the driver to failure of system? Yes No

Are lights clearly visible to driver? Yes No

Are all units equipped with temperature gauge? Yes No

Are temperature gauges clearly visible to driver? Yes No

How often are drivers required to check gauges and log records? _____

Is a "Ryan's Chart" maintained on all Reefer Shipments? Yes No

Describe emergency procedures in the event of Reefer breakdown or problem? _____

OTHER COMMENTS

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon this information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure all questions have been fully answered and that all facts material to your insurance have been disclosed, if necessary by a supplement to the application. I authorize my broker or insurance company to collect, use and disclose any of this personal information including my claims history and credit information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance, underwriting and/or renewing, extending or changing my policies, evaluating claims, detecting and preventing fraud and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf. If there are any changes to the information contained in this application I hereby agree to notify my Insurer of such changes within thirty (30) days of such change. Signing of this application for insurance does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Signature of Applicant _____ Date: _____

Signature of Applicant _____ Date: _____

Signature of Broker: _____ Date: _____

Brokerage Firm: Legear Pelling Insurance Agencies Ltd.

Broker's Tel. 604.276.2474

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