

[Inland Marine]

MOTOR TRUCK CARGO APPLICATION

SPG Canada

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Reset Form

PART 1 GENERAL INFORMATION

Broker:	Broker Phone:
Broker Contact:	Broker Email:
Insured Name:	
Mailing Address:	Postal Code:
Telephone No.:	Email:
Website:	

PART 2 COMPANY DETAILS

Date Company Established *(DD/ MM/ YYYY)*:

Has any insurer ever cancelled or refused to insure the applicant? ☐ Yes ☐ No

If yes, please explain the details and dates:

1)	Date:
2)	Date:

PART 3 COMPANY OPERATIONS

Describe Applicant's Exposures and attach copy of **"BILL OF LADING"** currently in use

Common Carrier: % Contact Carrier: % Hauling owned Goods: % Other: %

Truck Information			
Year	Make	Model	Serial Number

Radius of Operations				
Canadian Mileage	%	USA Mileage	%	List Provinces, Territories or States travelled to CANADA & USA
% Within 250 km	%	% Within 250 km	%	
% 251 – 750 km	%	% 251 – 750 km	%	
% 751 – 1500 km	%	% 751 – 1500 km	%	

% 1501 – 4000 km	%	% 1501 – 4000 km	%	
% Over 4000 km	%	% Over 4000 km	%	

Primary Area of Operation:

Are there any Inspection/ Preventative Maintenance Programs in place? ☐ Yes ☐ No

Frequency of Inspection:

Are written records of Vehicle Maintenance condition/ maintained? ☐ Yes ☐ No

Are Double teams used? ☐ Yes ☐ No Do Drivers Unload Cargo? ☐ Yes ☐ No

If yes, by: Hand ☐ Forklift ☐ Picker ☐ Crane ☐

Are previous employers contacted for reference checks of any new drivers? ☐ Yes ☐ No

Driver minimum age: Driver's minimum years of experience:

Is there a Full time Safety Supervisor? ☐ Yes ☐ No

Are loads ever subcontracted or brokered to other carriers? ☐ Yes ☐ No

Estimated Revenue: $

Is truck or truck/tractor/trailer combination ever left unattended at terminals or elsewhere when loading? ☐ Yes ☐ No

If yes, please provide details of the Locations, Security and Duration:

Location:	Security:	Duration:
1)		
2)		
3)		

Are loads left on the units or over weekends? ☐ Yes ☐ No

If yes, please provide details of the Locations, Security and Duration:

Location:	Security:	Duration:
1)		
2)		
3)		

Are the storage locations protected by a Security Guard? ☐ Yes ☐ No

Are the trucks equipped with GPS or Alarm systems? ☐ Yes ☐ No If yes, what type?

Terminal

Please provide full details of all terminals owned or operated by the applicant.

(Attach property underwriting details as required using a standard property application)

Address	Describe Security	Maximum Values Inside	Maximum Values
		$	$
		$	$

		$	$
		$	$

Does the applicant ever pickup/ unload at a terminal: ☐ Yes ☐ No

If coverage is required in terminal, please state the amount of insurance required and address of the terminal:

$ Mailing Address:

Unattended Loads ☐ ☐

Are loads ever left unattended at terminals or elsewhere, including overnight? ☐ Yes ☐ No

If yes, provide details of the Locations, Security and Duration:

Location:	Security:	Duration:
1)		
2)		
3)		

Are cargo reefer units ever used? ☐ Yes ☐ No

If yes, please complete the attached Reefer Breakdown Supplement Report

Percentages of Gross Receipts

Estimate the PERCENTAGE OF GROSS RECEIPTS for each Commodity transported.
Please avoid use of non-specific terms such as “General Merchandise”

Commodity	% Gross Receipts	Average Load Value ($)	Maximum Load Value ($)
Aircraft Parts	%	$	$
Appliances & Power Tool (Not Electronics)	%	$	$
Automobiles (New or Used)	%	$	$
Boats & Motors	%	$	$
Bottled Goods (Not Alcohol)	%	$	$
Building Materials (Not Lumber)	%	$	$
Canned Goods	%	$	$
China or Glassware	%	$	$
Chemicals (Low – Medium Hazard)	%	$	$
Chemicals (High Hazard)	%	$	$
Clothing	%	$	$
Computers/ TV’s/ Consumer Electronics	%	$	$
Containers Including reefer containers	%	$	$
Contractors Equipment	%	$	$
Crude Oil/ Fuel Oil	%	$	$
Dairy Products – Milk (Bulk) / Eggs	%	$	$
Drugs (over the counter)	%	$	$
Dry Goods/ Textiles / Finished Cloth	%	$	$
Electronic Parts (not computer parts)	%	$	$

Fertilizer/ Yarn/ Unfinished Cloth	%	$	$
Fine Arts/ Jewelry	%	$	$
Fish & Seafood	%	$	$
Florist & Nursery Stock	%	$	$
Frozen/ Refrigerated Foods	%	$	$
Fruits/ Vegetables/ Perishables	%	$	$
Furniture	%	$	$
Grain/ Flour/ Hay	%	$	$
Groceries (Not Tobacco or Alcohol)	%	$	$
Household Goods (Residential Moves)	%	$	$
House/ Mobile Home/ Modular Home Moving	%	$	$
Leather Goods (including clothing)	%	$	$
Liquor/ Wine/ Beer	%	$	$
Livestock/ Birds/ Fish	%	$	$
Logs/ Woodchips/ Lumber	%	$	$
Machinery Heavy	%	$	$
Machinery Light	%	$	$
Meat/ Poultry	%	$	$
Metals (Aluminum Steel)	%	$	$
Oilfield Equipment	%	$	$
Oil & Gas Drilling Rigs	%	$	$
Paint/ Varnish	%	$	$
Paper	%	$	$
Pipe (Steel/ Concrete/ Tile)	%	$	$
Power Tools	%	$	$
Rug/ Carpet	%	$	$
Sporting Goods/ Shoes	%	$	$
Tobacco Products	%	$	$
Other Commodities:	%	$	$
Total Gross Receipts			
Period From:	Period To:	Gross Receipts ($)	Average No. of Power Units
		$	
		$	
		$	
		$	
		$	
		$	
		$	

Vehicles: Power Units (Tractors) ONLY – do not include trailers:		
Type of Unit	Insured's Own Units	Subcontracted/ Leased Operators
Tractors		
Straight Trucks (Open)		
Van Trucks (Dry)		
Van Trucks (Refrigerated)		
Other Power Units (please describe):		

Does the applicant operate any vehicles for which cargo insurance is not to be included under this policy? ☐ Yes ☐ No			
If yes, please describe:			
Alarms	☐ Yes ☐ No	GPS Tracking	☐ Yes ☐ No
Cellular Phones	☐ Yes ☐ No	Two Person Crews	☐ Yes ☐ No
Fire Extinguishers	☐ Yes ☐ No	Two Way Radios	☐ Yes ☐ No
Other safety/ security features:			

PART 3 COVERAGES REQUIRED

Coverage	$ Amount (CDN)
Catastrophe Limit:	$
Commercial General Liability: Loading and unloading? ☐ Yes ☐ No	$
Debris Removal:	$
Deductible: *($2500 CND Minimum)*	$
Freight Charges:	$
Lift Liability:	$
Motor Truck Cargo Limit:	$
Terminal:	$
Warehouseman's Legal Liability Limit:	$

PART 4 REVENUE BREAKDOWN

Revenue from Applicant's Operations (CDN Dollars)

	Prior Year: (MM/YY) _____ / _____	Last Completed Year: (MM/YY) _____ / _____	Estimate for Next Year: (MM/YY) _____ / _____
a) Total Gross Fees (=b+c+d+e+f) +Revenues	$	$	$
b) Fees for services rendered in Canada	$	$	$
c) Fees for services rendered in the USA	$	$	$
d) Fees for the Rest of the World	$	$	$

e) Fees paid to sub consultants	$	$	$
f) Fees for separately insured projects	$	$	$
g) Total Construction Values	$	$	$

Date of Company Financial Year End: (DD/ MM/ YY)

Annual Payroll: $

PART 5 RISK MANAGEMENT

Does the applicant have a written Quality Assurance/ Quality Control Program? ☐ Yes ☐ No

Do client deliveries undergo an internal peer review? ☐ Yes ☐ No

Does the applicant perform project file audits on a routine basis? ☐ Yes ☐ No

What percentage of the applicants' professional services are performed under the following contract types:

Client drafted agreement:	%	Purchase order:	%
Firm's letter agreement:	%	Professional Association contract:	%
Firm's standard agreement:	%	Verbal agreement:	%

Are all non-standard agreements reviewed by applicant's legal counsel or insurance broker before they are executed: ☐ Yes ☐ No

What percentage of the applicant's contracts use a limitation of liability provisions, where the firm's liability is limited to?

A specific dollar amount which is less than the applicant's insurance limit:	%
A specific dollar amounts equal to the applicant's insurance limit:	%
A specific dollar amount that limits the applicant's liability to the amount of fees paid by the client for their services:	%

Does the applicant have:

An in-house continuing education program for professional employees? ☐ Yes ☐ No

Procedures to elevate and screen potential new clients? ☐ Yes ☐ No

Procedures for monitoring and collecting outstanding fees? ☐ Yes ☐ No

PART 6 CLAIMS HISTORY

a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any Companies to be insured) within the last 5 (five) years, or: ☐ Yes ☐ No

b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or: ☐ Yes ☐ No

c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or any partners or directors thereof, or: ☐ Yes ☐ No

d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? ☐ Yes ☐ No

If the answer to the above is "Yes", then please attach full details including an explanation of the background of events, the maximum amount involved/claims, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by Insurers, and the dates of all developments and payments.

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	$ RESERVE OR LOSS AMOUNT PAID BY INSURER	$ RETAINED LOSS OR DEDUCTIBLE PAID BY YOU
			$	$
			$	$
			$	$
			$	$

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

1) An Applicant for a contract:
   a) Gives false or erroneous information to the prejudice of the insurer, or
   b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2) The Insured contravenes a term of the Contract or commits a fraud; or
3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: Position:

Please print name: Date:

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: Position: _____

Please print name: Date: _____

SUBMIT