

BRIT COMBINED MTC & APD PROPOSAL FORM



For use with Motor Truck Cargo Brit Form (2007/01) & Commercial Automobile Physical Damage Brit Form (2007/01)

Attach an extra sheet if there is insufficient room for your answers
ALL QUESTIONS MUST BE ANSWERED. ANY QUESTIONS LEFT BLANK WILL BE DEEMED TO HAVE BEEN ANSWERED "NO" OR "NOT APPLICABLE"

Applicant Information

1 Type of coverage required: Motor Truck Cargo? Yes No Automobile Physical Damage? Yes No

2 Applicant:
Doing business as:
Address:

ICC Docket number: MC	Year established:	If a new venture complete the new venture section of this form
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3 Addresses of Terminals if other than above:

4 Names, addresses and functions of Associated or Subsidiary Companies to be included:

5 Percentage of hauls by distance: 1-250 miles [%] 251-1,000 miles [%] 1,001+ miles [%]

6 Do you require coverage within Alaska? Yes No	Do you require coverage within Mexico? Yes No If yes how far into Mexico? more than 100 miles Yes No
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7 Please give details of any steps taken to secure vehicles whenever left unoccupied:

8 Do you haul trailers attached in tandem and / or "Super Bs" / "B trains"? Yes No
Do you require cover for trailer interchange? Yes No
If yes, Please give details of number of trailer interchange days per year:
Trailer Interchange limit required \$ any one trailer \$ any one loss

Drivers and DRIVER EXCLUSIONS

9 Please give overall driver details as below:

Total number of drivers		Number of full time employee drivers	
Number of two person driver teams		Number of drivers on long term (30 days+) lease	

10 Please give details of your checking procedures maintained for employing new drivers:

11 What are the criteria you use to determine whether to fire existing drivers?

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12 The policy form **EXCLUDES ANY DRIVER** who at inception of the policy or at the date of hire, whichever is the later, is not aged between 23 and 70 years inclusive, or who within the three (3) years prior to the inception date of the policy or at the date of hire:

- i) has 3 or more *moving violations* in the past thirty-six (36) months
- ii) has 2 or more *chargeable accidents* in the past thirty-six (36) months
- iii) has more than 1 *major violation*
- iv) has not held a valid driver license for the truck involved for at least thirty-six (36) months immediately prior to operations for which cover is required

UNLESS such driver has been accepted by the Underwriters and endorsed on to the policy, with any additional premium paid as required by the Underwriters. It is a requirement of the policy that the Insured shall obtain satisfactory references and Motor Vehicle Records from reliable sources, and keep records thereof in respect of all drivers.

The words *major violation(s)* shall mean:

- i) Driving while intoxicated (DWI), implied consent, any suspension of the driver's license for failure to submit to alcohol testing,
- ii) Driving under the influence (DUI), implied consent, any drug related violation or any suspension of the driver's license for failure to submit to drug testing.
- iii) Manslaughter or negligent homicide,
- iv) Felony involving a motor vehicle,
- v) Racing,
- vi) Hit and Run,
- vii) Reckless driving,
- viii) License suspension for points,
- ix) Driving while license suspended,
- x) Fleeing/eluding arrest,
- xi) Multiple driver licenses not reported to the Underwriters,
- xii) Accident other than whilst driving a private passenger vehicle,
- xiii) Driving in excess of 100 miles per hour / 160 kilometers per hour.

The words *critical violation(s)* shall mean:

The words *minor violation(s)* shall mean:

All moving violations other than the *major violations* or *critical violations* listed above and the following non-moving violations:

- i) Defective brakes,
- ii) Defective equipment,
- iii) Oversize or overweight.

Please list below any drivers for which cover is required, who fall outside these criteria, and attach details of their driving records (continue on an extra sheet if necessary):

Name	Date of Birth	License Number	Name	Date of Birth	License Number

Vehicles and Equipment

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

Tractor units	Reefer trailers	
Straight trucks	Auto carrying trailers	
Reefer trucks	Flat bed trailers	
Tank trucks	Tank trailers	
Other power units	Other trailers	

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Total number of power units		Total number of trailers	
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14 If a scheduled vehicle(s) **MTC** policy is required please complete columns A, B, C and D below for all power units to be covered **BUT** if an **APD** policy is required please complete all columns for all vehicles and equipment to be covered (attach a separate schedule if necessary):

Column	A	B	C	D	E
MTC →	Model Year	Make / Model	Type - power units only	V.I.N.	N/A
APD →	Model Year	Make / Model	Type - all units	V.I.N.	Actual cash value
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
13					\$
14					\$
15					\$
16					\$
17					\$
18					\$
19					\$
20					\$
21					\$

Motor Truck Cargo (to be completed if Motor Truck Cargo coverage required)

15 Are Companies: a) Common Carriers? [] b) Private Carriers? [] c) Contract Carriers? []
 d) Owner of cargo? [] e) Other? [] (Please give details):
 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.

16 a) Please give details of any operations carried out other than that of a carrier:

17 Do you subcontract to other parties? Yes / No . If yes, on long term (30 days+) leases or other basis? (Please give details):
 Are subcontractors responsible and insured for loss / damage to the cargo you subcontract to them? Yes / No

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If yes, do you maintain copies of their current insurance arrangements on file? Yes / No

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18 Give details of any I.C.C. or State / Provincial cargo filings required:

19 Please give gross receipts (G.R.) in respect of your trucking operations for the last 5 years and estimate for the coming year:

Year	G.R. Own haul	G.R. Subcontracted out	Total G.R. All operations
Estimate	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

20 Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles? Yes No or temporarily unloaded from vehicles? Yes No
If either answer is yes, please give details of any such places which are regularly used:

Address	Fully enclosed yard locked at night?	24 hour watchman?	Alarmed building?	Sprinklered building?	Maximum value exposed?
	Yes No	Yes No	Yes No	Yes No	\$
	Yes No	Yes No	Yes No	Yes No	\$
	Yes No	Yes No	Yes No	Yes No	\$
	Yes No	Yes No	Yes No	Yes No	\$

21 Cover required: Including refrigeration breakdown? [] Named perils only? []

22 The following interests which are **excluded** under the policy form can normally be covered at additional premium but only if requested. Please circle any you wish to be covered, and include details of such loads in your answer to question 23. **Coverage does not apply for any of the following interests unless it is specifically accepted by the Underwriters and endorsed on to the policy.**

Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings.

Tobacco, cigars, cigarettes, pharmaceuticals, perfume, eau de toilette, non-ferrous metal in scrap and/or ingot form, furs, all forms of alcohol intended for human consumption other than beer, seafood unless canned, *garments* - defined as all items of clothing including but not limited to innerwear and outerwear, footwear, shoes, boots, gloves, hats and *electronics* - defined as all items of assembled consumer and commercial electrical appliances/equipment and unassembled electronic components, including but not limited to; radios, televisions, computers (including peripherals), consoles, computer and/or gaming software, hard drives, chips, microchips, printed circuit boards and their components, modems, monitors, cameras, facsimile machines, telephones (including cellular), pagers, photocopiers, printers, scanners, batteries, PDAs, VCRs, HI-FIs or stereos (including speakers/components), compact discs, MP3s, DVDs, minidisks, digital players and/or recorders.

Battery operated or electrically operated toys with a unit value greater than \$75 shall be deemed to be *electronics*.

Heavy electrical items such as switchgear, turbines, and generators, or kitchen appliances such as washing machines, dishwashers, microwave ovens, toasters, and irons shall not be considered to be *electronics*.

Household goods and/or personal effects, when forming part of a residential move or office relocation.

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Live animals (Not excluded but cover is provided for *named perils* only)

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23 Please list by category and percentage the total loads hauled:

Type of cargo	Average value per load	Maximum value per load	% of total loads
Machinery	\$	\$	
Lumber	\$	\$	
Produce	\$	\$	
Hazardous materials for which placards are required	\$	\$	
Chilled / Frozen Food	\$	\$	
Autos	\$	\$	
Building Materials	\$	\$	
Mobile Homes	\$	\$	
Boats	\$	\$	
Live animals	\$	\$	
Other (please specify)	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

24 Limits required: a) \$ _____ any one truck / trailer(s) combined b) \$ _____ any one loss (vehicle accumulation) c) \$ _____ any one terminal (off vehicles)	Deductible required: \$ _____
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If the [limit](#) for 24b) is in addition to the [limit for 24c\)](#), please specify the overall loss limit [required](#) \$ _____

25 Do you ever carry loads valued greater than the cargo insurance limit requested? Yes No

26 Please give details of your cargo loss experience whether insured or not, for the past five (5) years, on an All Risks / Brit Form basis, **FROM 1st DOLLAR / NO DEDUCTIBLE**

Year	Paid	Outstanding	What happened?
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

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	\$	\$	
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27 Are details of claims within deductibles ('over, shortage and damage') maintained? Yes / No
If yes, please give details for the past three (3) years:

Year	Total amount paid	Total amount outstanding
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

28 Has any insurer within the past five (5) years refused to renew, or has canceled any insurance for the applicant? Yes / No If yes, please give details:

29 Please give details of your existing cargo insurance:

Carrier		Existing deductible	\$
Renewal offered?	Yes No	Existing limit	\$
Existing rate		Expiry date	

30 Date from which insurance cover is required:

Automobile Physical Damage (to be completed if Automobile Physical Damage coverage required)

31 Type of cargo carried:

32 Limits required: a) \$ _____ any one Truck or Trailer b) \$ _____ any one Truck or Trailer or combined c) \$ _____ any one terminal	Deductible required \$ _____ Combined MTC & APD deductible required? _____
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33 Please list any Loss Payees or Lien Holders on your Vehicles / Equipment (attach a separate schedule if necessary):

34 Will you use hired in Equipment? Yes No Will you loan your equipment out to others? Yes No

35 Do you own or use vehicles and / or equipment other than those listed Yes No
If yes, please give details why coverage is not required:

36 At what periods are your vehicles and / or equipment regularly inspected and serviced:

37 Please give details of your APD loss experience whether insured or not, for the past five (5) years, on an All Risks / Brit Form basis, **FROM 1st DOLLAR / NO DEDUCTIBLE**

Year	Paid	Outstanding	What happened?
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

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	\$	\$	
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38 Has any insurer within the past five (5) years refused to renew, or has canceled any insurance for the applicant?
Yes / No If yes, please give details:

39 Please give details of your existing APD insurance:

Carrier		Existing deductible	\$
Renewal offered?	Yes No	Existing limit	\$
Existing rate		Expiry date	

40 Date from which insurance cover is required:

New Venture (to be completed only if a new venture)

41 Effective date of new venture: _____ Date of first CDL: _____

42 How long have you been driving tractor / trailer rigs?

43 Who did you previously drive for? _____ For how long? _____

44 What types of goods were you previously hauling?

45 What was / were your usual route(s)?

46 How many accidents or losses were you involved in during the past 5 years?
Describe the circumstances of the accidents or losses:

47 Will you be hauling for anyone in particular?

48 Who is financing the new venture?

49 Are you applying for FHWA (ICC) authority? Yes No If yes when?

50 Do you expect to increase the number of your vehicles within 1 year? Yes No If yes, how many?

Declaration

51 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.

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 fact(s). I/We agree that should a policy be issued, this form INCLUDING THE DRIVER EXCLUSIONS AS PER QUESTION 12 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 as soon as possible who may, at their discretion, vary the terms and conditions of the contract.

Signed

Dated

Position

Notes:

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