

How many men employed on each truck? _____

Are employees bonded? _____

To what extent is driving done at night? _____

Do you desire the risk of theft covered? _____

If trucks equipped with entirely closed bodies, are the doors or gates equipped with locks? _____

Are trucks equipped with speed governors? _____ If so, what is maximum speed permitted? _____

Is exhaust properly situated and properly protected so as not to cause fire of body or contents? _____

If trucks are equipped with fire extinguisher, how many on each truck and where placed? _____

How often refilled? _____

Are all wheels of trucks-trailers-tractors equipped with brakes? _____

What type? _____

To what extent are hired trucks employed, if any? _____

If proposer is a truckmen or carrier attach copy of receipt or bill of lading used.

If truckmen or carrier, what is estimate of annual gross income? _____

Have you been insured previously? _____ If so, with whom and for what amount _____

Has any Insurer ever cancelled or refused to issue or to continue any insurance for you? _____ If so, give particulars:

Do you carry any of the following:

Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or the tickets, notes, Money, securities, currency, bullion, precious stones, jewellery and/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 and/or ingot form, furs, garments, alcohol, beer, wine, radios, televisions, VCR's, Hi-Fi's and computers.

Please specify: _____

Coverage required: Broad Form _____ - or Named Peril Form _____

List by category and percentage of the total loads shipped:

Type of Cargo	Maximum Value per load	Average Value per load	%age of total Numberof loads
Heavy Machinery			
Electrical Equipment			
Wearing Apparel			
Tobacco Etc			
Beer/Wine/Spirit			
Produce			
Chilled Food			
Frozen Food			
Other (Specify):			

Do you require cover for liability to cargo in terminals either: on vehicles _____
 or off vehicles: _____ if either answer is yes, is/are terminal(s) (A) Sprinklered _____ (B) Alarmed: _____
 (C) Fenced: _____ (D) Watchman: _____ 24hr _____ not 24hr _____
 (E) Please give fire rate (if known) _____
 (Attach separate sheet if more than one terminal)

Limits required \$ _____ any one vehicles
 \$ _____ any one loss (vehicle accumulation)
 \$ _____ at terminal (off Vehicle cover)
 (Attach separate sheet if more than one terminal, with addresses)

Are vehicles left loaded and unattended in terminals or otherwise: A) during the day _____ or
 B) Overnight: _____ if either answer is yes, give details of any security precautions taken to secure
 vehicle and cargo: _____

Give percentage split between radius of operations:
 Less than 250 miles: _____ 251-1000 Miles _____ 1001 miles +: _____
 Number of plain trucks: _____ Number of plain trailers: _____
 Number of reefer trucks: _____ Number of reefer trailers: _____
 Number of reefer units more than 10 years old: _____ Number of Tractors: _____
 Number of Flat Bed Trailers: _____ Total number of vehicles: _____
 Of which _____ -- _____ are OWNED, and _____ are LEASED.
 Average age of vehicles: _____ years.

DRIVER INFORMATION

Total number of drivers: _____ of which _____ are full time employees, and _____
 Are on long term lease (30 days plus). Of these drivers _____ are under 25 years of age and _____
 Are over 60 years of age.
 Give details of checking procedures maintained for employing new drivers: _____

*******Please attached separate sheet with current schedule of drivers*******

List which of ICC or State(s)/Provinces Filings are required: _____

Loss experience whether insured or not on All risks/Broad form basis FROM FIRST DOLLAR/WITH NO DEDUCTIBLE
 for past five years:

YEAR	\$ TOTAL	NO. OF LOSSES	BRIEF DETAIL OF MAJOR LOSSES
19			
19			
19			
19			
19			
19			

(Attach separate sheet if necessary)

Are over, shortage statistics maintained: _____ - if so, give totals open and paid for each of past three years:

19 _____ \$ _____ open - \$ _____ paid

19 _____ \$ _____ open - \$ _____ paid

19 _____ \$ _____ open - \$ _____ paid

Has any Insurer within the past five years refused to renew or cancelled insurance to applicant: _____

If so, please give details: _____

Please give details on following:

Present Carrier: _____ Deductible: _____

Limits: _____ Expiration Date: _____

Present Rate/Premium; _____

Date from which insurance cover is required: _____

I/We declare that 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.

Signing this proposal does not bind the proposer to complete the insurance, but is agreed that the information contained herein shall be the basis of the contract should a Policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or mis-represent any fact or circumstance concerning this insurance or the subject thereof, the entire Policy shall be void.

I/We have read the above and agree that to the best of our knowledge and belief same fully represents the true statement of facts.

SIGNED: _____ **DATED:** _____

POSITION: _____

(Proposal form to be signed in Duplicate if order).

QUESTIONS TO BE ANSWERED BY BROKER OR AGENT

How long have you known Proposer?

Give character and financial responsibility of Proposer

Have you or your representative personally inspected the equipment and premises schedules herein?

Do you recommend risk in every way? _____

Date _____

Signature of broker or agent and address