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APPLICATION – MOTOR TRUCK CARGO

PLEASE ANSWER ALL QUESTIONS.

IF THEY DO NOT APPLY, INDICATE N/A. IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. NAME OF INSURED (in full including all Divisions):

2. a) MAILING ADDRESS:

Street _____

City _____ Province _____ Postal code _____

b) Doing Business as: _____ c) Year Established: _____

3. BUSINESS OWNER: _____

4. NATURE OF BUSINESS: _____

5. PROVIDE THE FOLLOWING ON ASSOCIATED AND SUBSIDIARY COMPANIES TO BE INCLUDED
(if necessary attach separate sheet):

NAME	ADDRESS	FUNCTION

6. CARRIER/BILL INFORMATION:

a) Common Carriers Private Carriers Contract Carriers Owner of Cargo Other (details):

b) Who issues the Bill of Lading or Waybill: _____

c) Are Bills of Lading/Waybills based on: Full Value Released Value Both

Please attach a sample of each form (Bill of Lading/Waybill) used

7. a) PLEASE GIVE DETAILS OF ANY OPERATIONS CARRIED OUT OTHER THAN THAT OF A CARRIER:

b) Do you subcontract to other parties? Yes No

If Yes, long term (30 day+) leases or other basis, give details please:

c) Are subcontractors responsible for insuring cargo you subcontract to them? Yes No

If Yes, do you maintain copies of their current insurance (certificates) on file? Yes No

8. a) NUMBER OF VEHICLES

TYPE OF VEHICLE	OWNED	LEASED	OWNER/OPERATOR
Tractor	<input type="checkbox"/>	<input type="checkbox"/>	
Semi-Vans	<input type="checkbox"/>	<input type="checkbox"/>	
Semi-Flat Deck	<input type="checkbox"/>	<input type="checkbox"/>	
Tanker Trailers	<input type="checkbox"/>	<input type="checkbox"/>	
Hiabs/Cranes	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

b) Do you require coverage for reefer breakdown? Yes No

9. COMMODITIES HAULED

TYPE OF VEHICLE	Distance Travelled in Kilometres – Percentage of Loads							
	0-100	101-500	501-1000	1001-1500	1501-2000	2001-2500	2501-3000	OVER 3000
Lumber	%	%	%	%	%	%	%	%
Electronics	%	%	%	%	%	%	%	%
Steel	%	%	%	%	%	%	%	%
Fresh Food	%	%	%	%	%	%	%	%
Frozen Food	%	%	%	%	%	%	%	%
Containers	%	%	%	%	%	%	%	%
Light Machinery	%	%	%	%	%	%	%	%
Building Products	%	%	%	%	%	%	%	%
Tobacco/Liquor	%	%	%	%	%	%	%	%
Hazardous* Products	%	%	%	%	%	%	%	%
Other	%	%	%	%	%	%	%	%

*Describe hazardous products, if any:

10. Average Value of Load \$ _____ Maximum Value of Load \$ _____
 Catastrophe Limit Required \$ _____ Limit Per Vehicle \$ _____
 Debris removal \$ _____
 Freight Charges \$ _____

11. a) DO YOU PICK UP OR DELIVER TO A TERMINAL WAREHOUSE? Yes No

b) If Yes, provide limit required at terminal and details: Terminal Limit \$ _____

Terminal Details: _____

c) Do you leave trailers for which you are legally liable unattached and/or unattended? Yes No

d) If Yes, provide protection details:

12. PLEASE GIVE DETAILS OF GROSS RECEIPTS IN RESPECT OF YOUR TRUCKING OPERATIONS FOR THE PAST 5 YEARS AND INCLUDE AN ESTIMATE OF RECEIPTS FOR THE COMING YEAR:

YEAR	YOUR GROSS RECEIPTS	SUBCONTRACTED GROSS RECEIPTS	TOTAL GROSS RECEIPTS
Actual for 3 Yrs Ago	\$ _____	\$ _____	\$ _____
Actual for 2 Yrs Ago	\$ _____	\$ _____	\$ _____
Actual for 1st Yr Past	\$ _____	\$ _____	\$ _____
Estimate for Current Yr	\$ _____	\$ _____	\$ _____
Estimate for Next Yr	\$ _____	\$ _____	\$ _____

13. a) DO YOU HAVE A SAFETY PROGRAM? Yes No

Is it mandatory? Yes No

b) Do you adhere to National Safety Standards? Yes No

c) Please provide details of safety/protection systems on reefers to avoid breakdown:

d) Do you operate back-up systems? Yes No

If Yes, please describe:

e) Who does inspection? _____

14. a) DRIVER INFORMATION

Total Number of Drivers: _____
 Number of Full Time Employee Drivers: _____
 Number of Drivers under 25 years of age: _____
 Number of Drivers on Long Term (30 day +) Lease: _____
 Number of Drivers over 60 years of age: _____
 Number of Two Person Driver Teams: _____

b) Are drivers checked out? Yes No

Please attach copies of motor vehicle abstracts

c) Please provide details of checking procedures for new drivers:

d) Please provide the criteria you would use to determine whether to fire an existing driver:

15. PLEASE GIVE DETAILS OF YOUR CARGO LOSS(ES) WHETHER INSURED OR NOT, FOR THE PAST 5 YEARS, ON AN ALL RISK/BROAD FORM BASIS, FROM FIRST DOLLAR (**NO DEDUCTIBLE**):

YEAR	AMOUNT PAID	AMOUNT OUTSTANDING	DETAILS OF WHAT HAPPENED
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

16. HAS ANY INSURER REFUSED TO RENEW OR CANCELLED YOUR INSURANCE IN THE PAST FIVE YEARS? Yes No

17. PLEASE GIVE DETAILS OF YOUR EXISTING CARGO INSURANCE:

Carrier: _____ Existing Deductible: \$ _____
 Renewal offered? Yes No Existing Limit: \$ _____
 Existing Rate: \$ _____ Expiry Date: _____

This application does not bind the Applicant or the Insurer to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. It is mutually agreed between the Applicant and the insurer that any inspection of premises, operations or any matter pertaining to insurance afforded by the Insurer, is made for the use and benefit of the Insurer only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

FOR PURPOSES OF THE INSURANCE COMPANIES ACT (CANADA), THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS; INSURANCE BUSINESS CANADA

Signature of Applicant: _____
(authorized representative)

Dated: _____

Submitted by: _____

Email: _____



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