

# MOTOR TRUCK CARRIERS LEGAL LIABILITY POLICY APPLICATION



Please use block letters and tick boxes where appropriate. If requested, please provide further details in the boxes provided. If there is insufficient space please use an additional sheet of paper. A copy of the completed application will be supplied on request but you should keep a record of any information you provide for the purpose of entering into this contract of insurance. Please answer all the following questions:

## PART A - MOTOR TRUCK CARRIER

**1.** Name of Applicant (in full including all partners if applicable) \_\_\_\_\_

**2.** Address \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**3.** Description of business or occupation \_\_\_\_\_  
 Does applicant also operate as a Freight Forwarder?  Yes  No or as a Customs Broker?  Yes  No

**4.** a. Please tell us the year in which this business was established \_\_\_\_\_  
 Province of Incorporation (Head Office Location) \_\_\_\_\_  
 b. Has ownership of the business changed since that date? If "Yes", please provide details in the box below  Yes  No

**5.** List your largest clients and the main types of cargo likely to be carried, handled or warehoused by you:

**6.** In which countries do you require cover?

		RECEIPTS - ESTIMATED ANNUAL GROSS HAULAGE	
		FROM THE USE OF VEHICLES OWNED OR OPERATED BY YOU	FROM THE EMPLOYMENT OF SUBCONTRACTORS
a. in <b>Canada</b> only	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
b. <b>Canada</b> to the <b>U.S.A.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
c. from the <b>U.S.A.</b> to <b>Canada</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
d. to or from <b>Mexico</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

**7.** a. **Does applicant knowingly carry, handle or warehouse any of the following cargoes:**

<input type="checkbox"/> Processed tobacco &/or tobacco products	<input type="checkbox"/> Lap-top, palm-top or other similar portable computer equipment
<input type="checkbox"/> Semi-conductor chips	<input type="checkbox"/> Bullion, precious metals/stones and/or articles made of or containing precious metals/stones

b. **Does applicant handle any thief attractive cargo:**

<input type="checkbox"/> Bottled perfumery	<input type="checkbox"/> Mobile, cellular or other portable telephone equipment
<input type="checkbox"/> Spirits/alcohol	<input type="checkbox"/> Computer equipment; associated software, &/or electrical accessories
<input type="checkbox"/> Clothing &/or footwear	<input type="checkbox"/> Non-ferrous metals in sheet, bar, tube, ingot, coil, scrap or similar form
<input type="checkbox"/> Jewellery &/or watches	<input type="checkbox"/> Televisions, digital cameras, audio/video equipment &/or associated pre-recorded media
<input type="checkbox"/> Works of art	

**c. Does applicant handle any specialist traffic:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Boats/automobiles                | <input type="checkbox"/> Plant, Office & Machinery | <input type="checkbox"/> Portable &/or prefabricated buildings |
| <input type="checkbox"/> Transformers                     | <input type="checkbox"/> Oilfield equipment        | <input type="checkbox"/> Live plants or animals                |
| <input type="checkbox"/> Household goods/personal effects |  | <input type="checkbox"/> Over dimension loads                  |

**d. Does applicant handle any perishable Goods/Reefer Cargo**

- i. Do all units have breakdown warning systems?  Yes  No
- ii. Do you have a maintenance contract in place to service reefer equipment?  Yes  No
- iii. How frequently do drivers check gauges and log readings?

**e. Haulage - Percentage of receipts earned from**

General Freight  % Reefer Cargo  % Specialist Cargo  % Thief Attractive  %

**f. Seasonal Highways - Do you use any Northern Canadian ice roads?**  Yes  No

**g. Are pilot escort vehicles ever used to accompany truck transports?**  Yes  No

TYPES OF CARGO CARRIED	% OF B/L WITH A DECLARED VALUE	TOTAL ANNUAL ESTIMATED DECLARED VALUES	TONNAGE HANDLED	FREIGHT RECEIPTS FOR CARGO CARRIED
GENERAL FREIGHT				
REEFER				
SPECIALIST				
THEFT ATTRACTIVE				

Value of USA &/or Mexico backhaul shipments: \$

**8.** Please tick the appropriate box alongside any contract conditions used and complete the adjacent boxes if relevant.

**Contract Conditions**

- a. Bill of Lading incorporating Highway Traffic Act, or any similar Provincial applicable legislation (attach a copy of the bill of lading which you operate under)  Yes  No
- b. Any other contract conditions (attach a copy of all side agreements which you operate under)  Yes  No
- c. Do you engage in any courier activity (provide details of the company, contracts and goods carried)  Yes  No

**9. Limits of Liability**

a. Please tell us the vehicle limits required for liability under contract conditions \$

N.B. The vehicle limit is the maximum amount we will pay for property carried in or on any one vehicle or vehicle and trailer combined.

**10. Fleet Details**

GROSS VEHICLE WEIGHT	# TRACTOR UNITS	# TRAILER UNITS	# REEFER UNITS	# OTHER UNITS
Under 12,700 kg				
Over 12,700 to 21,000 kg				
Over 21,000 to 37,000 kg				
Over 37,000 kg				

Number of employed drivers: \_\_\_\_\_ Do you use 'Agency' drivers?  Yes  No

Does applicant haul any cargo using non-owned trailers or equipment?  Yes  No If yes, please describe:

Does applicant load or unload cargo from any transport vehicle?  Yes  No If yes, please identify:

Gross Receipts from Loading/Unloading operations \$ \_\_\_\_\_

Does applicant operate any cranes in conjunction with the carriage of cargo?  Yes  No If Yes; How many trucks are equipped with cranes or similar lifting device: \_\_\_\_\_? max capacity lift \_\_\_\_\_

Does applicant provide crane lifting services outside of their responsibilities as a motor truck carrier?  Yes  No

Does applicant operate any winch trucks?  Yes  No If Yes; # of trucks \_\_\_\_\_? max hoist capacity \_\_\_\_\_

**11.** Does applicant subcontract any carriage?  Yes  No

a) If "Yes", do all subcontractors used by you agree in writing to accept no less liability than you have and to fully indemnify you for all losses before you entrust cargo &/or equipment to them?  Yes  No

b) If you answered "No" to 11. a) above, please tell us in the box below how you hold subcontractors responsible for cargo entrusted to them and enclose copies of all documents used to hold them responsible

**12. Fleet Safety**

Does applicant have a Safety Management program in place?  Yes  No

**13.** Does applicant ever leave loaded vehicles parked in the open & unattended?  Yes  No

**14.** Does applicant ever do any yard storage?  Yes  No  
If "Yes" what security measures are taken?

**15. Truck Security/Alarm Systems**

Describe security measures incorporated in hauling of cargo, i.e. alarms / immobilizers, GPS tracking, inertia sensors, vehicle security, telemetric, etc. If none, state None

**16. Optional Extension**

Does applicant require cover for deterioration of cargo carried in temperature or humidity controlled vehicles, trailers or containers as a result of refrigeration equipment breakdown?  Yes  No

**PART B - STATIC RISKS**

Does applicant require cover for your liability for cargo warehoused at a rental, or under contract for storage and distribution, or by agreement or otherwise on request?  Yes  No

**PART C - GENERAL QUESTIONS**

**1.** Who is your present insurer?

	LIMIT CARRIED	EXPIRATION	PREMIUM

**2.** Has any insurer ever declined, cancelled, declared insurance void or imposed special terms in respect of the risks to which this application relates (please include any previous business in which you or any other directors or partners are or have been engaged)?  Yes  No

If "Yes", please provide details in the box below

DATE	DETAILS	INSURER

**3.** Have you had any losses or potential claims relating to the subject matter of this application for insurance during the last 5 years?  Yes  No

If "Yes", please provide details in the box below.

DATE	DETAILS	ROLL OVER		AMOUNT PAID/ OUTSTANDING
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: Please attach a claims printout from your current insurer.

**DECLARATION**

*I/we confirm that information provided by me/us or on my/our behalf is true and accurate and I/we have not withheld any information material to this application. If this form has not been completed by me/us personally, I/we declare that I/we have read the completed form and accept full responsibility for the answers. I/we agree that this application, declaration and any particulars supplied separately shall be incorporated into and form the basis of this proposed insurance contract between me/us and Royal & Sun Alliance Insurance Company of Canada and I/we agree to be bound by the terms of the policy.*

Signature(s)  Date

Print name(s)

Position(s) held

Broker

*The questions found in this application are not to be taken as limiting the scope of the disclosure of material information that is to be made by you. If you are in any doubt as to whether information is material you should disclose it. We recommend that you consult your insurance broker who is your agent in this matter.*