

MOTOR TRUCK CARGO PROPOSAL FORM

For use with SUM Motor Truck Cargo Form (1) 1.10.21

#### Use space on last page or attach an extra sheet if there is insufficient room for answers

1. Applicant:				
Doing business as: Company:				
Number of years in this business under current name: DOT No				
Effective Date: To				
Mailing Address:				
Garaging Address:				
Names, addresses and functions of Associated or Subsidiary Companies to be included:				
	-			
3. Are Companies: a) Common Carriers  b) Private Carriers  c) Contract Carriers    d) Owner of cargo  e) Other				
4. 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 so on long term (30 day+) leases or other basis? (give details)				
c) Are subcontractors responsible and insured for loss or damage to the cargo you subcontract to				
them? $\Box$ Yes $\Box$ No If so, do you maintain copies of their current insurance arrangements on file? $\Box$ Yes $\Box$ No				
5. Please give gross receipts in respect of your trucking operations for past 5 years:-YEARG.R. Own haulG.R. SubcontractedTotal G.R. all operations				
6. The following interests are excluded under the basic policy form, but can normally be covered at additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: accounts, bills, debts, evidence of debt, letters of credit.				

such exposures in answer to question 8: 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, live animals, Tires, tobacco, cigars, cigarettes, non-ferrous metals, furs, garments\*, electronics\*, alcohol, beer, wine, seafood (unless canned), Pharmaceuticals\*, Baby Formula, Diapers, Automobiles\*, Motorcycles, Boats, Jet Skies and Mobile Homes, Household goods and/or personal effects, when forming part of a domestic removal or office relocation.



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\* defined as follows:

The word garments shall mean:-

All items of clothing including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like.

The word *electronics* shall mean:-

All items of consumer and commercial electrical appliances, Digital Data Storage Devices and instruments including but not limited to radios, televisions, computers, computer software, hard drives, chips, microchips, printed circuit boards and their components, modems, monitors, cameras, Telephones, facsimile machines, photocopiers, VCRs, DVD, hi-fis, stereos, CD players and the like. (Heavy electrical items such as switchgear, turbines, generators and the like shall be deemed not to be electronics.)

The word *automobile* shall mean:-

A land motor vehicle. Trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or any other land vehicle that is subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged.

The word *pharmaceuticals* shall mean:-

A compound manufactured for use as a medicinal drug used to diagnose, cure, treat and/or prevent disease including but not limited to medicinal products, medicines, medications and/or medicaments.

7. Form of cover required:

Broad Form Named Peril Form Include Reefer Breakdown Target Interest Inclusion

8. List by category and p			
Type of cargo	Ave. Value per load	Max. Value per loa	d % of total loads
9. Do you require cover f	for cargo in terminals o	r at other places where ve	chicles are often left
• •	0	Yes $\square$ No ? or off vehi	
e			
	lease give details of any	v such places which are re	egularly used:
Address:			
Fenced yard locked at night?	24 hour watchman? Alar		
Yes No	Yes No	Yes No Yes No	o Yes No
Address:	· · ·	1	1
Fenced yard locked at night?	24 hour watchman? Alar	med Building? Sprinklered B	Building? Max. value exposed?
Yes No	Yes No	Yes 🗌 No 👘 Yes 🗍 No	o Yes No



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10. Lim	its required:					If Limit for 10b) is in	
a)USDa.o. vehicle			specify overall loss limit needed				
b)USD_		_a.o. l	oss (veh	icle accumulation	)	USD	
c)USD_		_a.o. t	erminal	(off vehicles)			
Trailer Ir	iterchange	N	on-owned	d Trailer:	Li	imit (per unit)	Deductible
Yes	No		Yes 🗌	No	\$		\$
Do you	ever carry loads	value	l greater	than the cargo ins	sur	cance limit requested?	Yes No
The insur	ed is required to ma	intain a	dequate co	overage for the total a	mc	ount of the loss. If the load	value exceeds the
						loss, the amount payable s	
				, calculated as follow		F	FF
Example:			-				
	Loss	USD	30,000				
	Truck Limit	USD	100,000				
	Load Value	USD	200,000				
	Deductible	USD	1,000				
	Truck Limit	USD	100,000	= 50%			
	Load Value	USD	200,000	- 3070			
	Louis Faile	0.52	200,000				
	Loss x 50%	USD	30,000	X .50 = USD 15,000	)		
	Less deductible	USD	1,000				
	Amount Payable	USD	14,000				
payable		be the				ge purchased by the insured the amount of coverage p	
T							
Exampl	e: Loss	USD	200.000				
	Loss Truck Limit	USD	200,000 100,000				
	Load Value	USD	200,000				
	Deductible	USD	1,000				
	Deductione	USD	1,000				
	Truck Limit	USD	100,000	= 50%			
	Load Value	USD	200,000				
	Coverage				_		
	Purchased x 50%	USD		X.50 = USD 50,000	0		
	Less deductible	USD	<u>1,000</u>				
	Amount Payable	USD	49,000				
11. Give	e details of any s	teps ta	ken to se	ecure vehicles wh	ene	ever left unoccupied	
		_					
12. Give	e details of any S	State / ]	Provincia	al cargo filings re	qui	ired:	
Percentage of hauls by distance: 1-250 miles 251-1000 miles 1001+ miles							

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13. Please give details of the number of vehicles for which cargo cover is required:Tractor UnitsReefer Trailers 10 years old or lessStraight trucksReefer Trailers more than 10 years oldReefer trucksFlatbed trailersTank truckTank trailersOther power unitsOther trailersTotal number of power unitsTotal number of trailers

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

#	Year, Make, Model	Full VIN number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

15. Please give driver details:		
Total no. of drivers	No. of full time employee drivers	
No. under 25 years old	No. of drivers on long term (30d+) lease	
No. over 60 years old	No. of two person driver teams	

Lis	t all drivers	Does owner drive?	es 🗌 No I	s owner	exclude? 🗌 Yes 🔲	No
#	Drivers Full Name		Date of Birth	Lic. State	License Number	No. Yrs. Comm'l Driving
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						



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16. Please give details of checking procedures maintained for employing new drivers:

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

18. Please give details of your cargo loss experience whether insured or not, for the past 5 years, on an All Risks / Broad Form basis, FROM 1st DOLLAR / NO DEDUCTIBLE

Year	Paid	Outstanding	What happened?

19. Are details of claims within deductibles ('over, shortage and damage') maintained? If so, please give details for the past 3 years:

Year	Total amount paid	Total Amount outstanding

20. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant? Yes No If so please give details:

21. Please give details of your existing cargo insurance:			
Carrier	Existing deductible		
Renewal offered?	Existing limit		
Existing rate	Expiry date		

22. Date from which insurance cover is required:

23. 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 facts. I/we agree that should a policy be issued, this form shall be the basis of the contact, 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.

Signed	-
Position	1

\_\_\_\_\_ Dated \_\_\_\_\_

Position

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Continued from question :

#	Year, Make, Model	Full VIN number
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

#	Drivers Full Name	Date of Birth	Lic. State	License Number	No. Yrs. Comm'l Driving
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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