



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 []
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.

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? [] Yes [] No
If so, do you maintain copies of their current insurance arrangements on file? [] Yes [] No

5. Please give gross receipts in respect of your trucking operations for past 5 years:-
Table with 4 columns: YEAR, G.R. Own haul, G.R. Subcontracted, Total 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, 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.



Specialty Underwriting Managers Ltd

MOTOR TRUCK CARGO PROPOSAL FORM

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

| | | | |
|--|--|--|------------------------|
| 10. Limits required: a)USD _____ a.o. vehicle b)USD _____ a.o. loss (vehicle accumulation) c)USD _____ a.o. terminal (off vehicles) | | If Limit for 10b) is in addition to 10c), specify overall loss limit needed USD _____ | |
| Trailer Interchange <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-owned Trailer: <input type="checkbox"/> Yes <input type="checkbox"/> No | Limit (per unit) \$ _____ | Deductible \$ _____ |

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

The insured is required to maintain adequate coverage for the total amount of the loss. If the load value exceeds the available limits of coverage purchased by the insured at the time of the loss, the amount payable shall be the proportion of the loss in relation to the available coverage, calculated as follows.

Example:

| | | | |
|--------------------|-----|----------------|--------------|
| Loss | USD | 30,000 | |
| Truck Limit | USD | 100,000 | |
| Load Value | USD | 200,000 | |
| Deductible | USD | 1,000 | |
| | | | |
| <u>Truck Limit</u> | USD | <u>100,000</u> | = 50% |
| <u>Load Value</u> | USD | <u>200,000</u> | |
| | | | |
| Loss x 50% | USD | 30,000 X .50 | = USD 15,000 |
| Less deductible | USD | 1,000 | |
| Amount Payable | USD | 14,000 | |

However, where the amount of the loss exceeds the available coverage purchased by the insured, the maximum payable to the insured shall be the proportion of the loss in relation to the amount of coverage purchased by the insured, calculated as follows:

Example:

| | | | |
|--------------------|-----|----------------|--------------|
| Loss | USD | 200,000 | |
| Truck Limit | USD | 100,000 | |
| Load Value | USD | 200,000 | |
| Deductible | USD | 1,000 | |
| | | | |
| <u>Truck Limit</u> | USD | <u>100,000</u> | = 50% |
| <u>Load Value</u> | USD | <u>200,000</u> | |
| | | | |
| Coverage | | | |
| Purchased x 50% | USD | 100,000 X .50 | = USD 50,000 |
| Less deductible | USD | <u>1,000</u> | |
| Amount Payable | USD | <u>49,000</u> | |

11. Give details of any steps taken to secure vehicles whenever left unoccupied. _____

12. Give details of any State / Provincial cargo filings required: _____

Percentage of hauls by distance: 1-250 miles 251-1000 miles 1001+ miles



Specialty Underwriting Managers Ltd

MOTOR TRUCK CARGO PROPOSAL FORM

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

| | | | |
|--|--|---|--|
| 13. Please give details of the number of vehicles for which cargo cover is required: | | | |
| Tractor Units | | Reefer Trailers 10 years old or less | |
| Straight trucks | | Reefer Trailers more than 10 years old | |
| Reefer trucks | | Flatbed trailers | |
| Tank truck | | Tank trailers | |
| Other power units | | Other trailers | |
| Total number of power units | | Total 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 | |

List all drivers Does owner drive? Yes No Is 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 | | | | | |



MOTOR TRUCK CARGO PROPOSAL FORM

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

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 _____ **Dated** _____
Position _____
