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

1. Applicant:	doing business as:
Company:	Year established
Address:	
	ICC Docket No. MC

2. 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 [] (Please give details at end of form) 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? _____ If so on long term (30 day+) leases or other basis? (give details) _____

c) Are	subcontractors	responsible	and insured	l for loss	or dama	age to th	ie cargo yo	ou subcontra	act to
them?		_ If so, do y	you maintai	n copies	of their	current	insurance	arrangemen	ts on
file?									

5. Please giv	ve gross receipts in respect o	f your trucking operations for	past 5 years:-
YEAR	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations

6. The following interests are <u>excluded</u> 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 &/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metals, furs, alcohol, liquor, beer, wine, garments (defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like), seafood unless canned, and electronics (defined as: all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered to be electronics), Baby Formula, Diapers, Autos, Motorcycles, Boats, Jet Skies and Mobile Homes.

Pagel of 4

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7. Form of cover required	l: Broad Form Named Peril F		incl Re	eefer	Breakdow	n?[]
8. List by category and pe	ercentage of the	total loads	shipped:			
Type of cargo	Ave. Value po		Max. Va		per load	% of total loads
Machinery						
Tobacco						
Produce						
Chilled Food						
Frozen Food						
Building Materials						
9. Do you require cover overnight or at weekends If either answer is yes, pla	either on vehicle	es		? or	off vehicle	s?
Address	Fenced yard locked at night?	24 hour watchman	Alarm ? Buildir		Sprinklered Building?	Max. value exposed?
10. Limits required: a) \$ b) \$ c) \$	a.o.loss (vehic	ele accumi	ulation)	10c		0b) is in addition to overall loss limit
b) \$	_ a.o.loss (vehic _ a.o.terminal (o	cle accumu off vehicle	ulation) es)	10c) need), specify led \$	overall loss limit
b) \$ c) \$	_ a.o.loss (vehic _ a.o.terminal (o valued greater the eps taken to secu	cle accumu off vehicle an the carg	ulation) es) go insurat	10c) need), specify led \$ imit reques	overall loss limit
 b) \$	a.o.loss (vehic a.o.terminal (o valued greater the eps taken to secu	cle accumu off vehicle an the carg re vehicle	ulation) es) go insurar es whenev	10c) need nce li ver le), specify led \$ imit reques ft	overall loss limit

Page 2 of 4

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13. Please give details of the number of	f vehicles for which cargo cover is required:
Tractor Units	Reefer Trailers 10 yrs old or less
Straight trucks	Reefer Trailers more than 10 yrs old
Reefer trucks	Flat bed trailers
Tank trucks	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:				
1	6			
2	7			
3	8			
4	9			
5	10			

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

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?

 Image: Ima

Page 3 of 4

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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?: 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

Continued from question :

Page 4 of 4 This Proposal From together with the Broad Form 1 wording can be downloaded from the internet at http://www.lloydsamerica.com > "Reference Library" section, then "Forms" November 1998 FWH/735