



[Inland Marine Package Application]

## **TRUCKING & TRANSPORTATION APPLICATION**

(All Commodities including Target Loads, Oversize, and Dangerous Goods)



**canSURE**

T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: [info@cansure.com](mailto:info@cansure.com) W: [www.cansure.com](http://www.cansure.com)

**TRUCKING AND TRANSPORTATION APPLICATION****PART 1 GENERAL INFORMATION**

Broker:

Contact Person:

Tel:

Name of Insured (Full Legal Name):

Mailing Address:

Postal Code:

Name of Principal(s):

Website (if any):

Number of years in business (this name):

Desired Effective Date:

Current Insurer:

Expiring premium or rate(s):

Has a Cargo/VPD policy been cancelled or non-renewed in the past 5 years? ☐ Yes ☐ No

If yes, please comment:

**List ALL owned or controlled Garage, Terminal, Warehouse, and/or Office locations:**

LOCATION	DESCRIPTION OF OCCUPANCY	DESCRIPTION OF SECURITY

Do you own, control, or occupy any locations in the US?

☐ Yes ☐ No

If yes, please describe this exposure:

Are any Employees domiciled outside Canada?

☐ Yes ☐ No

Are any Employees not covered by WCB?

☐ Yes ☐ No

If yes, please describe :

**PART 2 OPERATIONS**What **percentage** of your operation comes from the following activities?

As a licensed Common Carrier

As "Owner/Operator" or "Lease/Operator" for another licensed Common Carrier

As a Contract Carrier for specific Shippers (provide Cargo indemnity agreement)

As an Owner of Your Own Property in Transit

As a Freight Broker, or Freight Forwarder

As a Rigger or Crane Operator (NOT including loading/unloading of "Cargo")

Other (Please Describe):



## FILINGS

National Safety Code:

FMCSA docket #:

MC

Are any cargo filings required to be made by the Insurer: ☐ Yes ☐ No

If yes, please describe :

## CARRIER OR BROKER REVENUE (net of taxes)

YEAR	UNDER YOUR AUTHORITY CARGO AT YOUR RISK	SUB-CONTRACTED INTERLINE HAULERS CARGO AT SHARED RISK	BROKERED / FORWARDED OTHER'S WAYBILL ISSUED TO SHIPPER CARGO AT THEIR RISK	REVENUE SPLIT or MILEAGE SPLIT	
				CAN (%)	USA (%)
Next Year					
Expiring Year					
1st year Prior					
2nd year Prior					
3rd year Prior					
4th year Prior					

Describe the **Bill of Lading** or Contract of Carriage in use:

What is shipped on a Released basis:

Declared Value basis:

Describe any Declared Value exposure:

If you have declared **Sub-Contracted** receipts, do you obtain proof of insurance from the sub?

☐ Yes ☐ No

Does the sub issue a waybill directly to the shipper?

☐ Yes ☐ No

If yes, does the sub issue your waybill or their-own waybill?

Describe this exposure:

If you have **Brokered / Forwarded** receipts, do you obtain proof of insurance from the carrier?

☐ Yes ☐ No

Does the hauler issue a waybill directly to the shipper?

☐ Yes ☐ No

Describe this exposure:

Do you derive revenue from **Warehouse Operations**?

☐ Yes ☐ No

If yes, please show Gross Receipts for Next Year:

Expiring Year:

Do you issue a Warehouse receipt?

☐ Yes ☐ No

Is your liability reduced to Warehouse Legal Liability, or do you have All-Risk responsibility?

☐ WQQ ☐ All-Risk

Describe this exposure (location, construction, security . . . )

Do you haul your **Own Property** in transit (or for delivery)?

☐ Yes ☐ No

If yes, please show Sales Revenue for Next Year:

Expiring Year:

Please indicate the average load value:

Max. Value:

How many trucks are used for this operation:

Please describe this exposure and the products hauled:

Is Cargo or Vehicles hauled on Ferries or Barges (**Waterborne**)?

Please describe this exposure:

☐ Yes ☐ No

### Radius of Operations

DISTANCE TRAVELLED	
0 – 160 km	
160 – 550 km	
550 – 1600 km	
1600 – 2500 km	
Over 2500 km	
	100 %

### Territory of Operations

CANADIAN PROVINCES	
1)	
2)	
3)	
4)	
Others:	

US STATES	
1)	
2)	
3)	
4)	
Others:	
	100 %

**Commodities** Transported. Please be specific and use extra lines if required.

COMMODITY	% OF REVENUE	AVG LOAD VALUE	MAX LOAD VALUE
Aircraft Parts			
Alcoholic Beverages (Beer, Wine, Spirits) Describe Precautions:			
ATV's, Motorcycles, Riding Mowers, and similar			
Auto Parts and/or Accessories			
Automobiles (Indicate New or Used)			
Boats and/or Watercraft (Indicate New or Used)			
Building Products (not Lumber or Logs)			
Bulk Chemicals - Describe:			
Bulk Grain Describe loading/unloading:			
Bulk Liquids Describe:			

**Commodities** Transported. Please be specific and use extra lines if required.

COMMODITY	% OF REVENUE	AVG LOAD VALUE	MAX LOAD VALUE
Bulk Logs, Woodchips, Gravel, Hay, and/or Aggregates Describe:			
Bulk Minerals Describe:			
Clothing and/or Textiles			
Computers, Electronics, Appliances, Power Tools Describe Precautions:			
Containers (Refrigerated)			
Containers (Stuffed, Mixed, Dry) Describe:			
Contractors Equipment			
Cosmetics (Indicate if Bulk, or Packaged)			
Fine Arts or Bullion or Jewelry Describe:			
Food (Dry, not including Bulk)			
Food (Refrigerated or Frozen)			
Food (Meat and/or Seafood))			
Hazardous Goods and/or Explosives/Flammable Goods Describe:			
Household Goods (Residential Movers)			
Household Goods (Specific Contract, indicate New or Used)			
Live Animals, Birds, or Fish Describe:			
Lumber			
Machinery (Indicate Heavy or Light including Parts)			
Mixed Loads Describe typical "Mix":			
Mobile Homes			
Oilfield Equipment (Drill Rigs and/or Components) Describe:			
Oilfield Equipment (Heavy or Light including Pipe or Pumps) Describe:			
Pharmaceuticals Describe Precautions:			
Steel and/or Aluminum and/or Copper Describe:			
Tires and/or Tubes			
Tobacco Products Describe Precautions:			
Towing of Equipment Describe:			
Other Commodities, not listed above:			
	100 %		

## DANGEROUS GOODS, CHEMICAL, OIL & GAS, OR WASTE HAULING

Do you haul any commodities that fall under the Transportation of Dangerous Goods Act?

☐ Yes ☐ No

How many years experience do you have hauling Dangerous Goods?

Do all of your practices and procedures meet the requirements of the Transportation of Dangerous Goods act, where applicable?

☐ Yes ☐ No

Are all drivers trained in loading/unloading procedures?

☐ Yes ☐ No

Are tanks grounded during loading or delivery with: ☐ Ground Spike

☐ Tank to Tank

☐ Bonded Hoses

☐ Tank to Rack

What is the percentage of off-pavement exposure?

Are all vehicles equipped with portable fire extinguishers annually certified?

☐ Yes ☐ No

Do you carry spill containment equipment on all units hauling these commodities, and are drivers trained how to use them?

☐ Yes ☐ No

What is the emergency procedure in the event of an accident/spill? Do you use your own resources for response or do you have a third party on standby?

Please describe:

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## LIST ALL PRODUCTS HAULED WHICH FALL UNDER THE TDGA OR ARE CHEMICALS, OR PETROCHEMICALS

COMMODITY	QUANTITY (Liters/Gallons)	PERCENTATGE OF TOTAL LOADS	PIN #, If Applicable	MAX VALUE \$	AVG VALUE \$

## TANKER INFORMATION

AUTO #	NUMBER OF COMPARTMENTS	ARE COMPARTMENTS BAFFLED	COMPARTMENTS SEPARATE BY SINGLE OR DOUBLE BULKHEADS	QUANTITY HAULED (Liters/Gallons)	IS THIS TANK A PRESSURE VESSEL?

## DRIVER TRAINING & CERTIFICATION:

PLEASE LIST ALL DRIVERS AND INDICATE CURRENT CERTIFICATES HELD

DRIVER	CODI	WHMIS	TDG	H2S ALIVE	OTHER	OTHER

## TOP FIVE CUSTOMERS FOR THESE COMMODITIES

CUSTOMER	PRIME CONTRACTOR (If work is subbed to you)	TYPE OF CARGO (be specific)	DESTINATION	PERCENTAGE OF TOTAL LOADS

## OVERSIZE, OVERWEIGHT HAULING

Do you haul any oversize, or overweight loads?

☐ Yes ☐ No

If Yes, describe:

Do you use pilot (escort) cars?

☐ Yes ☐ No

If Yes, are they your own or sub-contracted?

Do you obtain permits for all oversize and overweight loads, as may be required by the jurisdiction you are travelling through?

☐ Yes ☐ No

## VEHICLES - POWER UNITS

DESCRIPTION	OWNED	OWNER OPERATORS OR LEASE OPERATORS	TOTAL INSURED VALUE ATTACH LIST IF SEEKING PHYSICAL DAMAGE QUOTE
Tractors			
Straight/Bed Trucks (Open)			
Van Trucks (Dry)			
Van Trucks (Refrigerated)			
Other:			

## RIGGERS / LIFT LIABILITY

Are any units equipped with Cranes?

☐ Yes ☐ No

Number of Units #:

Are they used for other than loading & unloading cargo?

☐ Yes ☐ No

Describe this exposure:

Riggers / Lift Liability Required?

☐ Yes ☐ No

Average value per Lift:

Max value per Lift:

Average number of lifts per month:

At Max. value?

Estimated Gross receipts from lift operations:

## VEHICLES – TRAILERS

DESCRIPTION	OWNED	TOTAL INSURED VALUE ATTACH LIST IF SEEKING PHYSICAL DAMAGE QUOTE
Flat Deck Trailers		
Dry Van Trailers		
Refrigerated or Temperature Controlled Trailers		
Livestock Carriers		
Auto Carriers		
Heavy Equipment Carriers		
Intermodal Container Chassis		
Other:		

Are trailers ever hauled in tandem? ☐ Yes ☐ No If yes, describe:

## NON-OWNED TRAILERS AND/OR TRAILER INTERCHANGE COVERAGE

Do you haul non-owned trailers/containers under a Contract or Trailer Interchange Agreement?: ☐ Yes ☐ No

If yes, please describe these exposures:

Average # Trailers on-hand:

Max # on-hand:

Average ACV value per Trailer

Max value per Trailer:

Non-Owned trailers are those in your possession as an inter-line carrier or rented, leased, or borrowed for a period of less than 30 days, and for which you are legally liable for loss or damage under written agreement prior to loss or damage.

## REEFER OR HEATED TRAILERS

If hauling Reefer or Heated Trailers, is Mechanical Breakdown coverage required? ☐ Yes ☐ No

How many units/trailers are equipped with temperature controlled units?

	OWNED	NON-OWNED
Trailers		
Van Trucks		
Containers		

Who is responsible for Maintenance?

Insured		
3rd Party Contractor		
Name of Contractor		
Frequency of Service		



## SAFETY FEATURES

Indicator lights that alert the driver to failure of system?

☐ Yes ☐ No

☐ Yes ☐ No

Are lights clearly visible to driver?

☐ Yes ☐ No

☐ Yes ☐ No

Are all units equipped with temperature gauges?

☐ Yes ☐ No

☐ Yes ☐ No

Are temperature gauges clearly visible to the driver?

☐ Yes ☐ No

☐ Yes ☐ No

Are logs kept (attach sample copy)?

☐ Yes ☐ No

☐ Yes ☐ No

How often are drivers required to check gauges?

Describe procedures followed by driver in the event of a break-down:

## SAFETY AND SECURITY

Are loads left overnight or weekends?

☐ Yes ☐ No

If yes, please describe this exposure:

ARE ANY UNITS EQUIPPED WITH:

DESCRIBE:

Alarms

☐ Yes ☐ No

GPS Tracking

☐ Yes ☐ No

Two-way Radios

☐ Yes ☐ No

Fire Extinguishers

☐ Yes ☐ No

Two Person Crews

☐ Yes ☐ No

Cellular Telephones

☐ Yes ☐ No

Any other security feature:

Is there a Full-time Safety Supervisor?

☐ Yes ☐ No

Is there a "No Loss Bonus" Program?

☐ Yes ☐ No

If yes, what **percentage** of drivers qualify for the "No Loss Bonus" on average?

☐ Yes ☐ No

Do drivers (or operators) share in the deductible if there is a "loss"?

Is there a preventative maintenance program in place?

☐ Yes ☐ No

Are written records of vehicle maintenance/condition maintained?

☐ Yes ☐ No

How often are controlled inspections of the vehicles performed?

Per

☐ Yes ☐ No

How often are Staff Meetings held?

Per

Are drivers debriefed after any incident or "loss"?

Are records kept of all incidents and driver debriefs?

☐ Yes ☐ No

**NUMBER OF DRIVERS EMPLOYED:**

Full-time:

Part Time:

Owner &amp; Lease Ops:

What is the minimum age of a driver before being eligible for employment?

Years

What is the minimum number of years commercial trucking experience required?

Years

Does the driver selection process include:

Road Test:

☐

Yes

☐

No

Pre-employment Medical:

☐

Yes

☐

No

Reference Checks:

☐

Yes

☐

No

Review of Driver Abstracts:

☐

Yes

☐

No

Mountain Experience:

☐

Yes

☐

No

Written Application:

☐

Yes

☐

No

Other Certifications (list):

**PART 3****COVERAGE AND LIMITS**

MOTOR TRUCK CARGO COVERAGE	LIMIT REQUESTED
<b>LIMIT OF LIABILITY:</b>	
Per "Vehicle"	
Per Scheduled "Terminals"	
Per Un-Scheduled "Terminals"	
Per Newly Acquired "Terminals"	
<b>COMMODITY SUB-LIMITS OF LIABILITY:</b>	
Alcoholic Beverages	
Tobacco Products	
Audio & Video Equipment	
Electronic Data Processing Equipment	
Drugs & Pharmaceutical Products	
Cosmetics	
Other:	

EXTENSIONS OF COVERAGE:	INCLUDED	LIMIT REQUESTED
Debris Removal Expense	\$10000	
Freight Charges	\$10000	
<b>DEDUCTIBLE</b>		
Per Occurrence Deductible		
Deductible Options (describe, or list):		

Do you ever haul loads with ACV higher than the limit of liability per vehicle requested above:

☐

Yes

☐

No

If yes, please describe:

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[Trucking &amp; Transportation Application] All Commodities

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VEHICLE PHYSICAL DAMAGE COVERAGE		
<b>COVERED PERILS</b>		
Named Perils only		<input type="checkbox"/> Yes
Collision only		<input type="checkbox"/> Yes
Comprehensive only		<input type="checkbox"/> Yes
Collision and Comprehensive		<input type="checkbox"/> Yes
<b>VALUATION</b>		
Do you want Replacement Cost Coverage		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for what model year and newer (2 years and newer is usual)	Model year:	
<b>REPORTING AND ADJUSTMENT CONDITIONS</b>		
Add / Delete activity shall be reported and adjusted:	Within 30 days	<input type="checkbox"/> Yes
	Quarterly	<input type="checkbox"/> Yes
	Semi-Annually	<input type="checkbox"/> Yes
	Annually	<input type="checkbox"/> Yes

EXTENSIONS OF COVERAGE:	INCLUDED	LIMIT REQUESTED
Temporary Vehicle Rental Expense	\$0	
Towing, Storage, and Debris Removal Expense	\$10000	
Newly Acquired Vehicles (Auto Acquisition)	\$250000	

NON-OWNED TRAILER OR TRAILER INTERCHANGE COVERAGE	
Limit per Trailer	
Limit per Occurrence (Catastrophe)	
Deductible	

NON-OWNED CONTAINER COVERAGE	
Limit per Container	
Limit per Occurrence (Catastrophe)	
Deductible	

OWN PROPERTY (Your property in transit)	
Limit per Occurrence	
Deductible	

WATERBORNE COVERAGE	
Cargo Limit (any one conveyance)	
Vehicle Limit (any one conveyance)	
Deductible	

REEFER OR HEATER – MECHANICAL BREAKDOWN COVERAGE	
Limit per Occurrence (any one Trailer or Container)	
Deductible	

RIGGERS (LIFT) LIABILITY COVERAGE (not required if only loading/unloading "Cargo")	
Limit per Occurrence	
Deductible	

COMMERCIAL GENERAL LIABILITY COVERAGE (not including NOA)		
Coverage for common carrier trucking operations, offices, terminals, repair garage for own vehicles.		
Please describe any other operations:		
What is the minimum limit of Auto Liability carried by the insured		
Who is the Auto Liability carrier?		
CGL Limit of Liability Required		
Tenants Legal Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EXCESS OR UMBRELLA LIABILITY COVERAGE		
Excess CGL Limit of Liability		
OR Umbrella Limit of Liability		
If choosing Umbrella coverage, please list and describe all underlying policies		
POLICY DESCRIPTION (Include # vehicles if Auto Liability)	PREMIUM	LIMIT OF LIABILITY

## PART 4 LOSS HISTORY

☐ Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	\$ RESERVE OR LOSS AMOUNT PAID BY INSURER	RETAINED LOSS OR DEDUCTIBLE PAID BY YOU

\*Please attach any available insurance company loss reports with this application.

## ATTACHMENTS

### PLEASE CHECK ATTACHMENTS INCLUDED WITH THIS APPLICATION

<input type="checkbox"/>	Yes	Fuel Tax Reports
<input type="checkbox"/>	Yes	Driver Listing and Date Hired
<input type="checkbox"/>	Yes	Driver's Abstracts
<input type="checkbox"/>	Yes	Carrier's NSC Audit Report / Carrier Profile (Fleet Safety) Report
<input type="checkbox"/>	Yes	Truck/Tractor Schedule
<input type="checkbox"/>	Yes	Trailer Schedule
<input type="checkbox"/>	Yes	Current loss runs for the past 5 years
<input type="checkbox"/>	Yes	Bill of Lading, Waybill, or Contract of Carriage
<input type="checkbox"/>	Yes	Owner / Operator Contract

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a. Gives false or erroneous information to the prejudice of the insurer, or
  - b. Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the Contract:

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

**Applicant Signature:**

**Position:**

**Print Name:**

**Date:** DD | MM | YY

IF SIGNED BY THE BROKER FOR QUOTING, THIS APPLICATION MUST BE SIGNED BY THE INSURED ON BINDING.

## BROKER DECLARATION

**How long have you known this applicant?**

**Is this account new or renewal to you?**

**Have you personally viewed the applicants operations?**

**What is the condition of facilities and equipment?**

**What is the applicant's attitude toward risk management and insurance?**

**Do you recommend this applicant?**

**Broker's Signature:**

**Position:**

**Please print name:**

**Date:** DD | MM | YY

