



[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 W: 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 (Frozen)			
Food (Refrigerated)			
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:

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

	OWNED	NON-OWNED
Indicator lights that alert the driver to failure of system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are lights clearly visible to driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all units equipped with temperature gauges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are temperature gauges clearly visible to the driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are logs kept (attach sample copy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
GPS Tracking <input type="checkbox"/> Yes <input type="checkbox"/> No	
Two-way Radios <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No	
Two Person Crews <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cellular Telephones <input type="checkbox"/> Yes <input type="checkbox"/> 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 **dyfwbhuj** Y 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 & 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
LIMIT OF LIABILITY:	
Per "Vehicle"	
Per Scheduled "Terminals"	
Per Un-Scheduled "Terminals"	
Per Newly Acquired "Terminals"	
COMMODITY SUB-LIMITS OF LIABILITY:	
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	
DEDUCTIBLE		
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: _____



VEHICLE PHYSICAL DAMAGE COVERAGE	
COVERED PERILS	
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
VALUATION	
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:
REPORTING AND ADJUSTMENT CONDITIONS	
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