MOTOR TRUCK CARGO APPLICATION

Prime Insurance Centre Ltd. · 150-8888 152A St, Surrey, BC V3R 0V7 · 604-582-0557 · primeinsurance.ca
Serving you in English, Punjabi & Hindi

Name of Brokerage: _____ **Policy #** _____

Name of Broker Contact: _____ **Broker Code:** _____ **New Business** ☐

Renewal ☐

Insured / Applicant: _____

Postal Address: _____

Website Address: _____ **Year Business Established:** _____

 # Years' experience working for others: _____

1. Description of Business Operations: _____

2. Annual Gross Receipts (last 12 months): _____ **Estimated (next 12 months):** _____

3. What percentage of the applicant's gross receipts is derived from each of the following operations?

_____ % as licensed common (public) carrier

_____ % as "Owner/Operator" or "Lease/Operator" for another licensed common carrier

_____ % as owner of cargo

_____ % as freight forwarder or freight broker

4. State the type of Bill of Lading used (attach a copy of Bill(s) of Lading in use): _____

Released: _____ %

Declared Value: _____ %

Are all bills of lading signed by the "Shipper" and "Truckman"? **Yes** ☐ **No** ☐

Under the Motor Carrier Act, a standard bill of lading may limit the carrier's liability by weight when transporting goods, including loading and unloading.

5. Are loads ever sub-contracted or brokered to other carriers? **Yes** ☐ **No** ☐

What percentage of annual gross receipts is derived from such sub-contracted hauling? _____ %

Do you request proof of insurance (Certificates of Insurance) from all sub-contracted haulers? **Yes** ☐ **No** ☐

Is this done under the applicant's bill of lading? **Yes** ☐ **No** ☐

Does the other carrier issue a bill of lading? **Yes** ☐ **No** ☐

6. What is the normal radius of the applicant's operation?

Canadian Mileage	USA Mileage	Provinces / States / Territories
% within 250 kilometers	% within 250 kilometers	
% 251 to 750 kilometers	% 251 to 750 kilometers	
% 751 to 1,500 kilometers	% 751 to 1,500 kilometers	
% over 1,500 kilometers	% over 1,500 kilometers	

7. Maximum number of continuous hours trucks are in operation? _____

Maximum number of working hours permitted by any one driver in a 24 hour period? _____

8. What type of merchandise is hauled? (Describe specifically; avoid terms such as "general merchandise") _____

9. Provide the percentage of gross receipts derived from hauling each commodity, and the average / maximum load values for each:

Commodity	% of Receipts	Average Load Value	Maximum Load Value
Alcoholic Beverages (including wine and beer)		$	$
Antiques, Collectibles, Fine Arts		$	$
Automobile Parts or Accessories		$	$
Automobiles		$	$
Boats / Watercraft		$	$
Building Products (not lumber or logs)		$	$
Buildings (including mobile or modular homes)		$	$
Computers / Electronics		$	$
Contractors Equipment (heavy machinery)		$	$
Drilling Pipe		$	$
Drugs / Chemicals		$	$
Dry Goods (non-perishable)		$	$
Fertilizer		$	$
Frozen or Refrigerated Goods		$	$
Fuel Oil		$	$
Furs, Jewellery, Watches		$	$
Glass, Glassware or Window Glass		$	$
Hardware, Plumbing / Heating Supplies, Tools		$	$
Hazardous Goods (other than Petroleum) - Specify:		$	$
Household Goods (specific contract)		$	$
Household Goods (residential moving contractors)		$	$
Light machinery, including parts		$	$
Livestock		$	$
Logs, Woodchips or Gravel		$	$
Lumber		$	$
Meat or Fish		$	$
Oilfield Equipment - Light		$	$
Oilfield Equipment - Heavy		$	$
Oilfield - Rigs or parts of Rigs		$	$
Petroleum Products		$	$
Poultry		$	$
Produce		$	$
Steel		$	$
Tobacco, Tobacco Products		$	$
Other - Specify:		$	$

10. Does the applicant's driver selection process include:

- Road Test — **Yes** ☐ **No** ☐
- Reference Checks — **Yes** ☐ **No** ☐
- Review of Driver Abstract — **Yes** ☐ **No** ☐
- Written Application — **Yes** ☐ **No** ☐
- Pre-Employment medical — **Yes** ☐ **No** ☐
- Mountain experience — **Yes** ☐ **No** ☐

Number of drivers employed:

Full time _____

Part time _____

Sub-contracted / Lease Operators _____

What is Minimum Age of any Driver? _____

Minimum Commercial Trucking experience required? _____

11. Has any driver been convicted of a criminal code offence in the last 3 years? Yes ☐ No ☐

Has any driver been convicted of more than 2 traffic violations in the last 3 years? Yes ☐ No ☐

If yes, provide details: _____

12. Is there a full time Safety Supervisor? Yes ☐ No ☐

Does the applicant have a "no loss" bonus program or safety award program? Yes ☐ No ☐

If yes, what percentage of drivers qualify for the bonus / award? _____ %

13. Is there a full time maintenance supervisor? Yes ☐ No ☐

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 performed? _____

14. Schedule of Vehicles:

Item	Make / Model	Serial No.	Body Type	G.V.W.	Heated / Refrig.?	Limit of Cov. / Premium
1					Yes ☐ No ☐	
2					Yes ☐ No ☐	
3					Yes ☐ No ☐	
4					Yes ☐ No ☐	
5					Yes ☐ No ☐	
6					Yes ☐ No ☐	
7					Yes ☐ No ☐	
8					Yes ☐ No ☐	

15. Are all units equipped with:

Alarms	Yes ☐	No ☐	Two Person Crews	Yes ☐	No ☐
Fire Extinguishers	Yes ☐	No ☐	Two Way Radios	Yes ☐	No ☐
GPS Tracking	Yes ☐	No ☐	Cellular Telephones	Yes ☐	No ☐

Other safety / security features: _____

16. Does the Applicant ever pick up or unload at a terminal warehouse? Yes ☐ No ☐

Are vehicles ever left unattended at terminals or elsewhere, including overnight? Yes ☐ No ☐

Is coverage required in terminal warehouses? Yes ☐ No ☐

If yes, what limit of coverage is required? _____

Provide details of location(s) including address, construction, security, and average / maximum duration:

Location Address (incl. Postal Code)	Construction (F / M / Mas / FR)	Sprinklered	Total Area	Burglar Alarm	Fenced Yard	Watchman / Avg-Max Value
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
		Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

17. Name of Present / Previous Cargo Insurer: _____ Policy # _____

18. Name of Present Auto Insurer: _____ Policy # _____

19. **Loss History: Describe all cargo losses or incidents, whether insured or not, in the past 5 years:**

_____

_____

_____

_____

20. Has any Insurer ever cancelled or refused to insure the Applicant? **Yes** ☐ **No** ☐

If yes, explain details and dates: _____

REEFER BREAKDOWN SUPPLEMENT

Complete the following if any temperature-controlled property is transported, including containers.

21. How many units are equipped with "refrigeration" units?

Trailers _____

Van Trucks _____

Other _____

22. Are all units equipped with indicator lights that alert the driver to failure of the system? **Yes** ☐ **No** ☐

Are lights clearly visible to the driver? **Yes** ☐ **No** ☐

23. Are all units equipped with a temperature gauge? **Yes** ☐ **No** ☐

24. How often are drivers required to check gauges and log records?

_____

25. Is a "Ryan's Chart" maintained on all refrigerated shipments? **Yes** ☐ **No** ☐

26. Are units ever left unattended for more than 6 consecutive hours? **Yes** ☐ **No** ☐

27. **Describe emergency procedures in the event of a refrigeration unit breakdown or problem:**

_____

_____

28. Who is responsible for the maintenance of the refrigeration units? Insured ☐ Third Party Contractor ☐

If Third Party Contractor, please confirm:

Name of Contractor: _____

Frequency of Servicing: _____

Length of Contract: _____

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DECLARATION AND BROKER DISCLOSURE

I have reviewed all parts of and attachments to this application and declare that the information is true and complete. I understand that acceptance of this application for insurance is based on the truth and completeness of this information.

If I falsely describe the property, misrepresent the risk, or omit a material circumstance that should be made known to the insurer, any contract of insurance may be void in whole or in part, subject to applicable law and policy conditions.

Any fraud or wilfully false statement in relation to the particulars required for a claim may vitiate the claim of the person making the declaration.

This application is submitted through Prime Insurance Centre Ltd. Prime Insurance is a licensed insurance brokerage and does not bind, change, renew, or confirm coverage unless a licensed representative confirms in writing that coverage has been bound by an insurer.

Personal information collected on this form will be used to obtain, service, and administer insurance quotations and policies. It may be shared with insurers, managing general agents, adjusters, or other service providers as required for those purposes.

Additional Notes / Attachments:

Signature of Applicant

Date

Printed Name and Title

Signature of Broker

Date

Broker Printed Name

For printed completion, use dark ink and attach any bills of lading, loss runs, vehicle schedules, or supporting details requested by the broker or insurer.