

## COMBINED MTC & APD APPLICATION

All questions must be answered, and the following must be attached:

- ACV vehicle schedule.
- Driver list with date of birth and number of years holding Class 1 (A).
- Five-year loss history for physical damage and cargo only.
- Current MVRs on all drivers.

SECTION A - APPLICANT INFORMATION					
<b>1. Type of coverage required: Motor Truck Cargo?</b>	Yes	No	<b>Automobile Physical Damage:</b>	Yes	No
<b>2. Name of applicant:</b>			<b>Doing business as:</b>		
<b>Mailing Address:</b>					
<i>Street:</i>			<i>City:</i>		
<i>Province:</i>			<i>Postal Code:</i>		
<b>ICC Docket number:</b>		<b>Year established:</b>		(If a new venture, complete the new venture section of this form.)	
<b>3. Addresses of Terminals if other than above:</b>					
<b>4. Names, addresses and functions of Associated or Subsidiary Companies to be included:</b>					
<b>5. Percentage of hauls by distance:</b>					
1-250 km:      %		251-1,000 km:      %		1,001+ km:      %	
<b>6. Do you require coverage within Alaska?</b>			<b>Do you require coverage within Mexico?</b>		
Yes    No			Yes    No		
			<b>If yes, more than 100 miles into Mexico?</b>		
			Yes    No		
<b>7. Please give details of any steps taken to secure vehicles whenever left unoccupied:</b>					
<b>8. Do you haul trailers attached in tandem and/or "Super Bs" / "B Trains"?</b>					
Yes    No					
<b>Do you require cover for trailer interchange?</b>					
Yes    No					
<b>If yes, please give the number of trailer interchange days per year:</b>					
<b>Trailer interchange limit required: \$</b>		<b>Any one trailer: \$</b>		<b>Any one loss: \$</b>	



**SECTION B – DRIVERS AND DRIVER EXCLUSIONS**

**1. Please give overall driver details as below:**

Total number of drivers:	Number of full-time employee drivers:
Number of two-person driver teams	Number of drivers on long-term (30+ days) lease:

**2. Please give the details of your checking procedures maintained for employing new drivers:**

**DRIVER LIST: If more space is needed, please fill out the Combined MTC & APD Schedule attached.**

Driver's First Name:	Driver's Surname:	Date of birth:	Date of hire:	# of yrs. with Class 1/A:

**3. What are the criteria you use to determine whether to fire existing drivers?**

- 4.** The policy form **EXCLUDES ANY DRIVER** who at inception of the policy or at the date of hire, whichever is the later, is not aged between 22 and 70 years inclusive, or who within the three (3) years prior to the inception date of the policy or at the date of hire:
- i) has any *critical violations*.
  - ii) has more than 2 *major violations* **OR** 5 *minor violations*.
  - iii) has more than 1 *major violation* **AND** 3 *minor violations*.
  - iv) has not held a valid driver license for the truck involved for at least twelve (12) months immediately prior to operations for which cover is required.

UNLESS such driver has been accepted by the Underwriters and endorsed by the policy, any additional premium will be paid as required by the Underwriters. It is a requirement of the policy that the Insured shall obtain satisfactory references and Motor Vehicle Records from reliable sources and keep records thereof in respect of all drivers.

The words *critical violation(s)* shall mean:

- i) Driving while intoxicated (DWI), implied consent, any suspension of the driver’s license for failure to submit to alcohol testing.
- ii) Driving under the influence (DUI), implied consent, any drug related violation or any suspension of the driver’s license for failure to submit to drug testing.

The words *major violation(s)* shall mean:

- i) Manslaughter or negligent homicide.
- ii) Felony involving a motor vehicle.
- iii) Racing.
- iv) Hit and run.
- v) Reckless driving.
- vi) License suspension for points.
- vii) Driving while license suspended.
- viii) Fleeing/eluding arrest.
- ix) Multiple driver licenses not reported to the Underwriters.
- x) Accident other than whilst driving a private passenger vehicle.
- xi) Driving in excess of 100 miles per hour / 160 kilometers per hour.

The words *minor violation(s)* shall mean:

All moving violations other than the *major violations* or *critical violations* listed above and the following non-moving violations:

- i) Defective brakes.
- ii) Defective equipment.
- iii) Oversize or overweight.

Please list below any drivers for which cover is required, who fall outside these criteria, and attach details of their driving records (continue on an extra sheet if necessary):

**SECTION C - VEHICLES AND EQUIPMENT**

**1. Please give the details of the number of vehicles for which cover is required:**

Tractor units:		Reefer trailers:	
Straight trucks:		Auto carrying trailers:	
Reefer trucks:		Flatbed trailers:	
Tank trucks:		Tank trailers:	
Other power units:		Other trailers:	
Total number of power units:		Total number of trailers:	

**2.** If a scheduled vehicle(s) **MTC** is required, please complete columns A, B, C, and D below for all power units to be covered, BUT if an **APD** policy is required, please complete all columns for all vehicles and equipment to be covered (attach a separate schedule if necessary): *If more than five please fill out Combined MTC & APD Schedule.*

Column	A	B	C	D	E
<b>MTC →</b>	<b>Model Year</b>	<b>Make/Model</b>	<b>Type – Power units only</b>	<b>V.I.N.</b>	<b>N/A</b>
<b>APD →</b>	<b>Model Year</b>	<b>Make/Model</b>	<b>Type – All units</b>	<b>V.I.N.</b>	<b>Actual Cash Value</b>
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

**SECTION D - MOTOR TRUCK CARGO**  
(to be completed if Motor Truck Cargo coverage required)

**1. Are Companies:**

a) Common Carriers?	b) Private Carriers?	c) Contract Carriers?
d) Owner of Cargo?	e) Other? Please give details:	

*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.*

**2. Please give details of any operations carried out other than that of the carrier.**

**3. Do you subcontract to other parties?    Yes    No**

If yes, on long-term (30+ days) leases, or another basis? (Please give details):

**Are Subcontractors responsible and insured for loss / damage to the cargo you subcontract to them?    Yes    No**

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

**4. Give details of any I.C.C. or State / Provincial cargo filings required or provide supporting documents.**



5. Please give gross receipts (G.R.) in respect of your trucking operations for the last five (5) years and estimate for the coming year.

Year:	G.R. Own Haul:	G.R. Subcontracted Out:	Total G.R. All Operations:
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

6. Do you require cover for cargo in terminals or at other places where vehicles are often left overnight, or at weekends?

On vehicles: Yes No      Temporarily unloaded from vehicles: Yes No

If either answer is yes, please give details of any such places which are regularly used:

Address	Fully Closed, Yard Locked at Night?		24-hour Watchman?		Alarmed Building?		Sprinklered Building?		Maximum Value Exposed?
	Yes	No	Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No	Yes	No	Yes	No	\$
	Yes	No	Yes	No	Yes	No	Yes	No	\$
	Yes	No	Yes	No	Yes	No	Yes	No	\$
	Yes	No	Yes	No	Yes	No	Yes	No	\$

7. Cover required: Including refrigeration breakdown? Yes No      Named perils only? Yes No

8. The following interests which are **excluded** under the policy form can normally be covered at additional premium but only if requested. Please circle any you wish to be covered and include details of such loads in your answer to question 23. **Coverage does not apply for any of the following interests unless it is specifically accepted by the Underwriters and endorsed on to the policy.**

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.

Tobacco, cigars, cigarettes, pharmaceuticals, perfume, eau de toilette, non-ferrous metal in scrap and/or ingot form, furs, all forms of alcohol intended for human consumption other than beer, seafood unless canned, *garments* - defined as all items of clothing including but not limited to innerwear and outerwear, footwear, shoes, boots, gloves, hats and *electronics* – defined as all items of assembled consumer and commercial electrical appliances/equipment and unassembled electronic components, including but not limited to; radios, televisions, computers (including peripherals), consoles, computer and/or gaming software, hard drives, chips, microchips, printed circuit boards and their components, modems, monitors, cameras, facsimile machines,

telephones (including cellular), pagers, photocopiers, printers, scanners, batteries, PDAs, VCRs, HI-FIs or stereos (including speakers/components), compact discs, MP3s, DVDs, minidisks, digital players and/or recorders.

Battery operated or electrically operated toys with a unit value greater than \$75 shall be deemed to be *electronics*.

Heavy electrical items such as switchgear, turbines, and generators, or kitchen appliances such as washing machines, dishwashers, microwave ovens, toasters, and irons shall not be considered to be *electronics*.

Household goods and/or personal effects, when forming part of a residential move or office relocation.

Live animals (not excluded, but covered is provided for named perils only.)

**9. Please list by category and percentage the total loads hauled:**

Type of cargo:	Average value per load:	Maximum value per load:	% of total load:
Cannabis	\$	\$	%
Cannabis related product	\$	\$	%
Alcohol	\$	\$	%
Electronics	\$	\$	%
Garments	\$	\$	%
Seafood	\$	\$	%
Tobacco	\$	\$	%
Autos – Not on hook	\$	\$	%
Autos – On hook	\$	\$	%
Boats	\$	\$	%
Building materials	\$	\$	%
Chilled / frozen food	\$	\$	%
Dry groceries	\$	\$	%
Electrical equipment (not electronics)	\$	\$	%
Grain	\$	\$	%
Gravel	\$	\$	%
Hay	\$	\$	%
Heavy Machinery	\$	\$	%
Hazardous materials for which placards are required	\$	\$	%
Logs	\$	\$	%

Lumber	\$	\$	%
Mobile homes – including double wide	\$	\$	%
Oil (in bulk)	\$	\$	%
Oilfield equipment	\$	\$	%
Plastics pipe	\$	\$	%
Produce (not reefer)	\$	\$	%
Refrigerated loads (not seafood)	\$	\$	%
Sand	\$	\$	%
Steel	\$	\$	%
Tires	\$	\$	%
Other:	\$	\$	%
<b>10. Contract Limits required:</b>		<b>Deductible required: \$</b>	
a) \$	Any one truck / trailer(s) combined		
b) \$	Any one loss (vehicle accumulation)		
c) \$	Any one terminal (of vehicles)		
<b>If the limit for 10. b) is in addition to the limit for 10. C), please specify the overall loss limit required \$</b>			
<b>11. Do you ever carry loads valued greater than the cargo insurance limit requested?</b> Yes No			
If yes, please provide details of how often and what the value would be:			

SECTION E – MTC OPTIONAL ENDORSEMENTS			
Endorsement Type:	Required:		Options:
1. In full Premium Endorsement (a full list of VINS will be required at binding)	Yes	No	
2. Refrigeration Breakdown Endorsement (minimum deductible \$2,500)	Yes	No	Deductible: \$
3. Riggers Endorsement	Yes	No	Limit: \$ Deductible: \$
4. Contingent Transit Endorsement (truck brokering)	Yes	No	
5. Debris Removal Endorsement	Yes	No	Limit: \$
6. Less than a Trailer Load Endorsement (72-hours off truck cover)	Yes	No	

• Terminal 1:		Limit: \$	
• Terminal 2:		Limit: \$	
• Terminal 3:		Limit: \$	
<b>7.</b> Trailer Interchange Endorsement	Yes No		
• Trailer Limit: \$			
• Loss Limit: \$			
<b>8.</b> Trailer Interchange Endorsement included. Whilst Unattached at Named Terminals. • Trailor Limit \$ • Loss Limit \$	Yes No		
Terminal 1:		Limit: \$	
Terminal 2:		Limit: \$	
Terminal 3:		Limit: \$	
<b>9.</b> Target Interest Inclusion Endorsement	Yes No		
• Target Goods to be Covered:			
• Theft Limit (Maximum \$50,000): \$ • Theft Deductible (Minimum \$5,000): \$			
<b>10.</b> Driver Inclusion Endorsement (A full list of drivers will be required at binding)	Yes No		
<b>11.</b> Alaska Endorsement	Yes No		
<b>12.</b> Additional Insured Endorsement	Yes No		
Additional Insured:	Address:	Phone:	Fax:
<b>13.</b> Container Endorsement	Yes No		
• Container Limits \$ • Loss Limits \$			
<b>14.</b> Double/Triple Wide Mobile Home Endorsement	Yes No	Deductible \$	
<b>15.</b> On Hook Endorsement	Yes No		





<b>16.</b>	Named Terminals Extension for On Hook Endorsement		Yes	No		
	• Terminal 1:				Limit \$	
	• Terminal 2:				Limit \$	
	• Terminal 3:				Limit \$	
<b>17.</b>	Cargo In And/Or Trailers in Tandem Endorsement		Yes	No		
<b>18.</b>	Loading and Unloading of Autos Endorsement		Yes	No		
<b>19.</b>	Loading and Unloading of Autos (Including Unloaded Vacated Autos) Endorsement		Yes	No		
<b>20.</b>	New Auto Valuation Endorsement		Yes	No	Deductible \$	
<b>21.</b>	Named Perils Endorsement		Yes	No		
<b>22.</b>	Mobile Home Raising, Lowering and Setting Down Endorsement		Yes	No		
<b>23.</b>	Special Conditions:					
<b>24.</b>	Please give details of your cargo loss experience whether insured or not, for the past five (5) years, on an ALL Risks basis, <b>FROM 1<sup>st</sup> DOLLAR / NO DEDUCTIBLE.</b>					
	<b>Year:</b>	<b>Paid:</b>	<b>Outstanding:</b>	<b>What Happened?</b>		
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			
<b>25.</b>	Are details of claims within deductibles (“over, shortage and damage”) maintained?				Yes	No
	If Yes, please give details for the past three (3) years:					
	<b>Year:</b>	<b>Total Amount Paid:</b>		<b>Total Amount Outstanding:</b>		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		

26. Has any Insurer within the past five (5) years refused to renew, or cancelled any insurance for the applicant?

Yes No

If Yes, please give details:

27. Please give details for your existing cargo insurance:

Carrier:		Existing Deductible:	\$
Renewal Offered?	Yes No	Existing Limit:	\$
Existing Rate:		Expiry Date:	

28. Date from which insurance is required?

### SECTION F- AUTOMOBILE PHYSICAL DAMAGE

(to be completed if Automobile Physical Damage coverage required)

1. Type of cargo carried:

2. **Limits Required:**

**Deductible Required:**

Any one Truck or Trailer: \$

Combined MTC & APD deductible required: Yes No

Any one Truck and Trailer combined: \$

Any one loss: \$

3. Please list any Loss Payees or Lien Holders on your Vehicles / Equipment (attach a separate schedule, if necessary):

4. Will you use hired equipment? Yes No

Will you loan your equipment to others? Yes No

5. Do you own or use vehicles and/or equipment other than those listed? Yes No

If Yes, please give details why coverage is not required:

6. At what periods are your vehicles and/or equipment regularly inspected and serviced:

7. Please give the TIV at the inception date of your policies, and details of your APD loss experience, whether insured or not, for the past five (5) years, on an ALL Risks basis, **FROM 1<sup>st</sup> DOLLAR / NO DEDUCTIBLE.**



Year:	Total Insured Value at Inception:	Paid:	Outstanding:	What Happened?
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>8.</b>	Has any Insurer within the past five (5) years refused to renew or canceled any insurance for the applicant?  Yes      No  If Yes, please give details:			
<b>9.</b> Please give details of your existing APD Insurance:				
Carrier:		Existing Deductible:	\$	
Renewal Offered?	Yes      No	Existing Limit:	\$	
Existing Rate:		Expiry Date:		
<b>10.</b> Date from which insurance is required:				

SECTION G – NEW VENTURE (to be completed only if new venture)	
<b>1.</b> Effective date of new venture:	Date of first CDL:
<b>2.</b> How long have you been driving tractor / trailer rigs?	
<b>3.</b> Who did you previously drive for?	For how long?
<b>4.</b> What type of goods were you previously hauling?	
<b>5.</b> What was/were your usual route(s)?	
<b>6.</b> How many accidents or losses were you involved in during the past 5 years?  Describe the circumstances of the accidents or losses:	
<b>7.</b> Will you be hauling for anyone in particular?	
<b>8.</b> Who is financing the new venture?	

9. Do you expect to increase the number of your vehicles within one (1) year?      Yes      No

If Yes, how many?

#### SECTION H – DECLARATION

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

**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 fact(s). I/We agree that should a policy be issued, this form INCLUDING THE DRIVER EXCLUSIONS AS PER QUESTION 12 shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters as soon as possible who may, at their discretion, vary the terms and conditions of the contract.**

**Insured's Name:**

**Date:**

**Position:**

**Notes:**