



AUTO PHYSICAL DAMAGE & MOTOR TRUCK CARGO APPLICATION

DETAILS OF REQUIRED COVERAGES

1. Effective date of insurance: _____
2. Name of present insurer: _____
3. Expired premium, if any: _____

** Attach an extra sheet if there is insufficient room for you answers.*

ALL QUESTIONS MUST BE ANSWERED, ANY QUESTIONS LEFT BLANK WILL BE DEEMED TO HAVE BEEN ANSWERED "NO" OR "NOT APPLICABLE"

4. Type of coverage required: Motor Truck Cargo Automobile Physical Damage

CURRENT POLICY INFORMATION

1. Insurer: _____
2. Expiry Date: _____
3. APD Premium or rate: _____
4. Cargo Premium or rate: _____

APPLICANT INFORMATION

1. Applicant: _____
2. Doing Business as: _____
3. Address: _____
4. Year established: _____
5. ICC Docket Number: _____
6. Addresses of Terminals (same as above)

7. Percentage of hauls by distance:

1-250 miles	% _____
251-1,000 miles	% _____
1,001+ miles	% _____
US Percentage	% _____
8. Do you haul trailers attached in tandem and/or "Super Bs" / "B Trains"? Yes No



DRIVERS DETAILS

9. Total number of drivers *please provide copy of driver abstracts or fill Appendix A*
 Current: _____
 Last Year: _____
 2 years ago: _____
 Number of two (2) person driver teams: _____

10. Please give details of your checking procedures maintained for employing new drivers:
 Reference Check Driver record Check
 Driver Abstract Road Test
 Blood work Driver Safety Training
 Other: _____

POWER UNITS & EQUIPMENT DETAILS

If a scheduled vehicle(s) MTC policy is required, please complete columns A, B, C and D of Appendix B 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.

11. Total number of vehicles

	Tractors	Trailers	Actual Cash Value
Current			
Last Year			
2 years ago			

12. Do you require coverage for Non Owned trailers? Yes No
 If Yes, what is the required limit \$ _____
 Towing & Storage limit required \$ _____

13. Please give gross receipts (G.R.) in respect of your trucking operations for the last 3 years and next year:
 Upcoming Year: \$ _____
 Expiring Year: \$ _____
 2 years ago: \$ _____

14. Motor Truck Cargo – Limits & Deductible required:

Any one truck / trailer(s) combined	
Any one loss (vehicle accumulation)	
Any one terminal (off vehicles)	
Deductible	

Please list by category and percentage the total loads hauled in Appendix C



15. Motor Truck Cargo Optional Endorsements

Please check if required:

Refrigeration Breakdown Endorsement

Yes No
 Yes No

Riggers Endorsement

Limit

\$ _____
 \$ _____

Deductible:

Contingent Transit Endorsement (Truck Brokering):

Yes No
 Yes No

Unattended Truck Endorsement

Limit:

\$ _____
 \$ _____

Earned Freight Endorsement

Yes No
 Yes No

Debris Removal Endorsement

Limit:

\$ _____
 \$ _____

In Full Premium Endorsement

Yes No

VIN: _____

Trailer Interchange Endorsement

Yes No

Trailer Limit:

\$ _____
 \$ _____

Loss Limit:

16. Claim History:

Please give details of your APD or MTC cargo loss experience, whether insured or not, for the past three (3) years

No Auto physical damage or Motor truck cargo in the last 3 years

1	Date		<input type="checkbox"/> Auto PD <input type="checkbox"/> Cargo	Location:	
	Paid		Driver: (If still employed)	Unit: (If still insured)	
	Reserve		Description:		

2	Date		<input type="checkbox"/> Auto PD <input type="checkbox"/> Cargo	Location:	
	Paid		Driver: (If still employed)	Unit: (If still insured)	
	Reserve		Description:		

3	Date		<input type="checkbox"/> Auto PD <input type="checkbox"/> Cargo	Location:	
	Paid		Driver: (If still employed)	Unit: (If still insured)	
	Reserve		Description:		

4	Date		<input type="checkbox"/> Auto PD <input type="checkbox"/> Cargo	Location:	
	Paid		Driver: (If still employed)	Unit: (If still insured)	
	Reserve		Description:		



DECLARATION

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as part of the commencement date of said insurance and in accordance with all terms thereof and the said applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

Applicant's signature: _____

Date: _____

Please send the completed, signed and dated application to: transport@revau.com.



APPENDIX A – DRIVERS

	Name	Date of birth	License Number	Full Time Employee	Long Term Lease (30+ days)	Violations Date & Description	Hiring date
1				<input type="checkbox"/>	<input type="checkbox"/>		
2				<input type="checkbox"/>	<input type="checkbox"/>		
3				<input type="checkbox"/>	<input type="checkbox"/>		
4				<input type="checkbox"/>	<input type="checkbox"/>		
5				<input type="checkbox"/>	<input type="checkbox"/>		
6				<input type="checkbox"/>	<input type="checkbox"/>		
7				<input type="checkbox"/>	<input type="checkbox"/>		
8				<input type="checkbox"/>	<input type="checkbox"/>		
9				<input type="checkbox"/>	<input type="checkbox"/>		
10				<input type="checkbox"/>	<input type="checkbox"/>		
11				<input type="checkbox"/>	<input type="checkbox"/>		
12				<input type="checkbox"/>	<input type="checkbox"/>		
13				<input type="checkbox"/>	<input type="checkbox"/>		
14				<input type="checkbox"/>	<input type="checkbox"/>		
15				<input type="checkbox"/>	<input type="checkbox"/>		
16				<input type="checkbox"/>	<input type="checkbox"/>		
17				<input type="checkbox"/>	<input type="checkbox"/>		
18				<input type="checkbox"/>	<input type="checkbox"/>		
19				<input type="checkbox"/>	<input type="checkbox"/>		
20				<input type="checkbox"/>	<input type="checkbox"/>		



APPENDIX B – POWER UNITS & EQUIPEMENTS

Column	A	B	C	D	E
MTC →	Model Year	Make / Model	Types power units only	V.I.N.	N/A
APD →	Model Year	Make / Model	Type All units	V.I.N.	Actual cash value(\$)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
				Total Cash Value:	



APPENDIX C – TYPE OF CARGO

	Type of cargo	Average value per load	Maximum value per load	% of total loads
1	Alcohol (Target Commodity)			
2	Electronics (Target Commodity)			
3	Garments (Target Commodity)			
4	Seafood (Target Commodity)			
5	Tobacco (Target Commodity)			
6	Autos – not on hook			
7	Autos – on hook			
8	Auto Parts			
9	Boats			
10	Building Materials			
11	Chilled / Frozen Food			
12	Dry Groceries			
13	Electrical Equipment (not electronics)			
14	Farm equipment			
15	Fertilizer			
16	Grain			
17	Gravel			
18	Hay			
19	Heavy Machinery			
20	Hazardous materials for which placards are required			
21	Logs			
22	Lumber			
23	Meat			
24	Mobile Homes – inc. double wide			
25	Mobile Home – not double wide			
26	Oil (in bulk)			
27	Oilfield Equipment			
28	Paint & batteries			
29	Plastics			
30	Produce (not reefer)			
31	Refrigerated Loads (not seafood)			
32	Sand			
33	Small Machinery			
34	Steel			
35	Tires			
36	Other – please specify-Gen Frt.			
				100 %