MOTOR TRUCK CARGO APPLICATION

IMPORTANT NOTE: The questions contained in this form are designed to give the Insurance Company information regarding your business. The form cannot always cover every aspect of your business. It is your duty to disclose all material information to the Insurance Company that may affect the premium or conditions. Please seek the professional assistance of your Insurance Broker when completing this form.

SECTION 1 - INFORMATION ON THE APPLICANT

1. Applicant's name:

_____

2. Nature of applicant's business:

_____

3. Number of years in business: _____

SECTION 2 - CARGO

1. Products being shipped (Please attach and descriptive literature).

_____
_____
_____
_____
_____
_____

2. Value per annum:
by truck: $ _____
by air: $ _____
by other: $ _____

3. Maximum value
per package: $ _____
per shipment: $ _____

4. Average value per shipping: $ _____

5. Geographical limit: _____

6. Do you issue your own bill of lading? ☐ Yes ☐ No
If Yes, please attach a copy.

7. Do you issue declared-value bills of lading or have any special contracts with customers where your liability is greater than $4.41/kg or $2.00/lb? ☐ Yes ☐ No
If Yes, please state the annual value of cargo moved under such declared value or special contracts: $ _____
Please attach copies of all special contracts.

8. Average value of cargo per shipment: $ _____

9. Maximum value of cargo per shipment $ _____

10. Actual gross freight receipts for this year: $ _____

11. Estimated gross freight receipts for next year: $ _____

SECTION 3 - DRIVER

1. Are all drivers checked for proper license? ☐ Yes ☐ No

2. Have drivers had any accidents? ☐ Yes ☐ No
If Yes, please provide full details.

3. Have drivers had any convictions? ☐ Yes ☐ No
If Yes, please provide full details.

4. Average age of drivers: _____

5. Are drivers bonded? ☐ Yes ☐ No

6. Average length of employment of all drivers: _____

7. Are previous employers checked for references? ☐ Yes ☐ No

8. If owned vehicles, please supply names and driver's license number for all drivers (on separate sheet if necessary).

_____
_____
_____

SECTION 4 - POLICY INFORMATION

Type of policy required	Coverage desired	
	Limited	Broad
Inland marine policy (Shipper's interest) Direct damage (Cargo policy)		
Owner's form (covering owners goods on owned trucks) Direct damage (Cargo policy)		
Carrier's legal liability (hauling goods for others)		

1. Is filing of certificates to be made with any authority? ☐ Yes ☐ No
If Yes, please state authority and department
Note: If Metro Toronto filing required then all risks cover must be purchased.

2. Experience 3 year record marine premium $ _____

3. 3 year record losses $ _____

4. Has Insured had previous insurance? ☐ Yes ☐ No
If Yes,
Name of insurer: _____
Reason for change: _____
Present rates: _____
Conditions: _____

5. Annual gross receipts: $ _____

6. Additional information or comments, if any:

_____
_____
_____

SECTION 5 - VEHICLE INFORMATION

1. Type of motor carrier:
   hauls own merchandise exclusively ☐ Yes ☐ No
   public truckman ☐ Yes ☐ No

2. Do vehicles have fire extinguishers? ☐ Yes ☐ No

3. Are trucks refrigerated? ☐ Yes ☐ No
   If Yes, please state item numbers: _____

4. Are vehicles equipped with alarms? ☐ Yes ☐ No
   If Yes, please describe make, and type.

   _____

5. Is there advertising on the truck? ☐ Yes ☐ No
   If Yes, please explain.

   _____

6. Are trucks heated? ☐ Yes ☐ No
   If Yes, please state item numbers: _____
   How many operators and helpers on the truck? _____

Important Note: Please ensure that you list all license plate and V.I.N. (Vehicle Identification Number) numbers of the vehicle(s) Involved and for which insurance cover, as provided by the terms of the policy, is to apply. Any vehicle(s) not specifically listed in the policy will not be the subject of the cover provided herein.

SCHEDULE OF VEHICLES

Make	Model	Year	Serial number	Value

DECLARATION AND SIGNATURE

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 does not bind the applicant or the company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made a part of the policy. The undersigned applicant declares that to the best of his knowledge, the statements set forth in this application are true. The applicant further declares that is the information supplied on this application changes materially between the date of this application and the time when the policy is issued, the applicant will immediately notify the company of such change.

Applicant's signature: _____

Date: _____

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