

PROPOSAL FORM
FOR MOTOR TRUCK CARGO

1. Name:
2. Doing Business As (DBA), if applicable:
3. Address:
4. Terminal Address (if different to address given above)
5. MC Number:
6. DOT Number:
7. Number of Years in business:
8. Radius of Use:
9. Any Prior Insurance Coverage Cancelled or Refused? ☐ Yes ☐ No
If yes, state date, name of Insurance Company and reasons for cancellation.
.....

10. Vehicles

Vehicle Schedule				
Year	Make	Type	VIN	Value

☐ Additional Units (Please use vehicle schedule extension page)

11. Drivers

Drivers Schedule (Please note all drivers must be in line with the Driver Criteria)					
Driver Name	Date of Birth	License No. & State	No. of Years Experience	Violations	Accidents

☐ Additional Drivers (Please use driver extension page)

12. Coverage Required (please tick).

Deductible Required (please tick).

- ☐ \$1,000
☐ \$2,500

Limit Required (please tick):

- ☐ \$100,000 any one unit, any one loss
☐ \$150,000 any one unit, any one loss
☐ \$250,000 any one unit, any one loss
☐ \$ any one unit, any one loss

Do you require Trailer Interchange Insurance? If so, please tick the relevant box for limit required.

Trailer Interchange limit required: ☐ \$25,000 any one unit, any one loss.
☐ \$30,000 any one unit, any one loss.
☐ \$35,000 any one unit, any one loss.
☐ \$40,000 any one unit, any one loss.
☐ \$ any one unit, any one loss.

Do you require Refrigeration Breakdown Insurance? ☐ Yes ☐ No Age of refrigeration unit:

MOTOR TRUCK CARGO

1. Names, addresses and functions of Associated or Subsidiary Companies to be included:

.....

.....

2. a) Please give details of any operations carried out other than that of a carrier:

.....

3.

b) Do you subcontract to other parties? ☐ Yes ☐ No. If yes, on long term (30 day +) leases or other basis? Give details:

.....

c) Are subcontractors responsible and insured for loss or 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. Loss Experience

Paid and outstanding loss information: Losses sustained by applicant during last 3 years showing details for each year separately and whether claims are from before or after any deductible. Please specify amount of deductibles.

Loss Experience				
If no losses in past 3 years please tick box <input type="checkbox"/>				
<u>Year</u>	<u>Deductible</u>	<u>Power Unit Count</u>	<u>Total Incurred Claims</u>	<u>Additional Claim Details</u>

5. Please give details of your prior motor truck cargo insurance (last three years is applicable):

Carrier		Deductible	\$	Rate	%
Renewal Offered?		Expiry Date		Limit	\$
Carrier		Deductible	\$	Rate	%
Renewal Offered?		Expiry Date		Limit	\$
Carrier		Deductible	\$	Rate	%
Renewal Offered?		Expiry Date		Limit	\$

Please list the type of commodities to be hauled:

IMPORTANT Do not use the term "General Merchandise, OR General Freight." If more than one commodity is carried, give percentages of load values. Load Values must be accurately stated as co- insurance applies.

NOTE: On-Hook cargo of any type is EXCLUDED

	Commodity	% of Load		Commodity	% of Load		Commodity	% of Load
<input type="checkbox"/>	Appliances		<input type="checkbox"/>	Fertilizers		<input type="checkbox"/>	Pipe	
<input type="checkbox"/>	Auto Parts		<input type="checkbox"/>	Frozen Foods		<input type="checkbox"/>	Poultry	
<input type="checkbox"/>	Beer		<input type="checkbox"/>	Furniture		<input type="checkbox"/>	Produce	
<input type="checkbox"/>	Boxes (Empty)		<input type="checkbox"/>	Garbage/Refuse		<input type="checkbox"/>	Seafood – Fresh	
<input type="checkbox"/>	Building Materials		<input type="checkbox"/>	Gasoline		<input type="checkbox"/>	Seafood – Frozen	
<input type="checkbox"/>	Candy		<input type="checkbox"/>	Grain		<input type="checkbox"/>	Steel	
<input type="checkbox"/>	Canned Goods		<input type="checkbox"/>	Heavy Machinery		<input type="checkbox"/>	Coiled Metal	
<input type="checkbox"/>	Carpets		<input type="checkbox"/>	Construction Equip.		<input type="checkbox"/>	Textiles	
<input type="checkbox"/>	Chemicals		<input type="checkbox"/>	Light Machinery		<input type="checkbox"/>	Tires	
<input type="checkbox"/>	Clothing/ Garments		<input type="checkbox"/>	Liquors		<input type="checkbox"/>	Tobacco	
<input type="checkbox"/>	Containerized Freight		<input type="checkbox"/>	Lumber		<input type="checkbox"/>	Wine	
<input type="checkbox"/>	Cotton		<input type="checkbox"/>	Meat		<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Dry Groceries		<input type="checkbox"/>	Milk & Cream		<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Eggs		<input type="checkbox"/>	Nuts		<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Electronic Parts		<input type="checkbox"/>	Oil Field Equipment		<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Electronics (Finished)		<input type="checkbox"/>	Paper		<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Explosives		<input type="checkbox"/>	Petroleum		<input type="checkbox"/>	Other:	

PLEASE NOTE: UNLESS OTHERWISE AGREED THE POLICY EXCLUDES LOSS OR DAMAGE TO THE FOLLOWING;

The following interests are **EXCLUDED**: Loss or damage to accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewellery and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap and/or ingot form, furs, garments*, electronics*, alcohol, beer, wine, seafood unless canned, marijuana, firearms, over the counter pharmaceuticals, prescription pharmaceuticals, plants, flowers, perfume / cosmetics, bicycles, Segway's, hover boards, china, ceramics, turbines, aircraft parts and their components, copper and copper products, medical equipment, medical supplies, eyewear and optical goods, chemicals, hazardous materials, nuts and seeds, automobile airbags, seatbelts, restraint system,. machinery and equipment, solar panels, transformers, mineral slab products, computers, computer components, cell phones, tablets, laptops, game consoles, televisions, electronic display devices, ice cream and frozen dairy products, cheese, eggs, meat, poultry, coffee, coffee products, horticulture, film and other light sensitive property, metals coils, watercraft, mobile equipment, motorized vehicles (whether or not licensed for road use), tires, mobile homes, travel trailers, manufactured homes, on hook cargo of all types.

APPLICANT STATEMENT: I hereby authorize the insuring companies and/or its agents to obtain from the department of public safety a copy of my motor vehicle report for use in rating and/or underwriting the insurance for which I do hereby apply, and any renewal thereof. I understand that in obtaining a motor vehicle report a consumer reporting agency may be used by the insurer(s) and I do hereby authorize such use. I hereby certify that the named drivers listed on this application have authorized me to consent on their/his/her behalf for the insurer to obtain motor vehicle report(s) for rating and/or underwriting.

DECLARATION: I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that/We agree that if a policy is issued, this form shall be the basis of the contract and that any changes of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. All statements on this application will become warranties to the policy.

FRAUD NOTICE: Please Read Carefully!

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties.

DISCLAIMER: THIS IS NOT A BINDER OF COVERAGE, AND THIS DOCUMENT DOES NOT PROVIDE INSURANCE COVERAGE! This is an application for insurance only and does not guarantee coverage to anyone in possession of this document, nor should this document be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in the application are for information purposes only and are abbreviated. You will need to refer to the actual insurance policy for all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this application and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.

I understand that hiring of acceptable drivers and the reporting of all drivers to ITMA, Inc. is a requirement of this insurance. Failure to do may result in cancellation of any policy issued and any loss disclaimed.

Applicant's Signature: _____

Dated _____

Agency:

Address:

Phone:

Fax:

Vehicle Schedule Extension

Drivers Schedule Extension (Please note all drivers must be in line with the Driver Criteria)

[illegible]