## MOTOR TRUCK CARGO PROPOSAL FORM

For use with Broad Form (15)

## Use space on last page or attach an extra sheet if there is insufficient room for answers

1. Applicant:	doing business as:
Company:	Year established

Address:

ICC Docket No. MC\_

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

3. Are Companies: a) Common Carriers [ ] b) Private Carriers [ ] c) Contract Carriers [ ] d) Owner of cargo [ ] e) Other [ ] (Please give details at end of form) 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.

4. a) Please give details of any operations carried out other than that of a carrier\_\_\_\_\_

b) Do you subcontract to other parties? \_\_\_\_\_ If so 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? \_\_\_\_\_\_ If so, do you maintain copies of their current insurance arrangements on file? \_\_\_\_\_\_

5. Please give gross receipts in respect of your trucking operations for past 5 years:-

YEAR	G.R. Own haul	G.R. Subcontracted out	Total G.R. all operations

6. The following interests are **excluded** under the basic policy form, but can normally be covered at additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry &/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 or ingot form, furs, alcohol, liquor, beer, wine, garments (*defined as: items of clothing, including innerwear and outerwear, footwear, shoes, boots, gloves, hats, and the like*), seafood unless canned, and electronics (*defined as: all items of consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items,* 

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such as switchgear, turbi	nes, generators	and the like	are NOT	Т со	nsidered to b	e electronics).
7. Form of cover required	1: Broad Form Named Peril F		incl Ree	efer	Breakdown	?[]
8. List by category and p	ercentage of the	total loads s	shipped:			
Type of cargo	Ave. Value p	er load 🛛 🛛	Max. Va	lue	per load	% of total loads
Machinery						
Tobacco						
Produce						
Chilled Food						
Frozen Food						
Building Materials						
_						
9. Do you require cover overnight or at weekends If either answer is yes, pl	either on vehicl	es		? or	off vehicles	?
Address	Fenced yard locked at night?	24 hour watchman?	Alarme Buildin		Sprinklered Building?	Max. value exposed?
	To chica ao mgao			8.	2 011011191	
10 Limits required: a)			hiala	If I	imit for 10k	) is in addition to
10. Limits required: a) \$						b) is in addition to overall loss limit
c) \$					led \$	
Do you ever carry loads	valued greater th	an the cargo	o insuran	ice li	imit requeste	d? Yes / No
11. Give details of any st	eps taken to secu	re vehicles	wheneve	er le	ft	
unoccupied.	-					
12. Give details of any I.	C.C. or State / Pi	ovincial ca	rgo filino	os re	auired:	
				<u> </u>	- <u>1</u>	
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Percentage of hauls by distance:	1 250 miles	· 1	251 1000 miles [	] 1001+m	
reicemage of nauis by distance.	1-230 miles [		251-1000 miles [	] 1001+111	
13. Please give details of the nun	nber of vehic		*		
Tractor Units			fer Trailers 10 yrs		
Straight trucks		Reefe	r Trailers more th	-	
Reefer trucks			Flat bed trail		
Tank trucks			Tank trailer	S	
Other power units			Other trailer	rs	
Total number of power units			Total number of t	railers	
14. Please give power unit vehic	le identificati	ion num	bers if scheduled v	ehicle policy re	quired:
1		6		¥	
2		7			
3		8			
4		9			
5		10			
15. Please give driver details: <b>PR</b>	OVIDE DR	IVER I	JST & MVRS		
Total no. of drivers	1		time employee driv	vers	
No. under 25 yrs old	No	. of driv	vers on long term (3	0d+) lease	
No. over 60 yrs old	No	. of two	person driver team	18	
16 Diagon give details of charles		~	in a d fan amerikaa		
16. Please give details of checkin drivers:	ig procedure:	s mainta	aned for employing	gnew	
17. What are the criteria you use drivers?	to determine	whethe	er to fire existing		

on an Al	I Risks / Broad F	form basis, <b>FRO</b>	A IST DOLLAR / NO DEDUCTIBLE
Year	Paid	Outstanding	What happened?

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			X	,	
		ns within deductibles (' the past 3 years:	over, shortage	e and damage'	) maintained? If so,
Year	1	<b>Fotal amount paid</b>		Total amo	unt outstanding
0 Has any	nsurer wit	thin the past 5 years ref	fused to renew	or canceled	insurance to the
-		If so please give det			
Ť		of your existing cargo		1 1 491	1
Carri Renewal o	-			deductible ing limit	
Existing	Renewal offered?		LAISU		
3. I/we her he best of	n which in eby decla my/our k	surance cover is requir re that the statement nowledge and belief I facts. I/we agree tha	red: and particular for the second se	e have not su	appressed, withheld o
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