



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Motor Truck Cargo Application

Name of Applicant:
(Include all operating names and all subsidiaries)

Address of Applicant:

Length of time Applicant has been in business:

Name of present Insurer:

No. of years with Insurer: _____

Has insurance ever been cancelled or declined? (specify)

List all claims, whether insured or not, which the Applicant has incurred over the past 5 years:

Has Applicant ever filed for bankruptcy or reorganization? Yes No

List Gross Revenue for the past 5 years:

Year: _____ \$ _____
Year: _____ \$ _____
Year: _____ \$ _____
Year: _____ \$ _____
Year: _____ \$ _____

Estimated gross Revenue for the upcoming year:

Year: _____ \$ _____

Carrier Information:

Common _____ Private – Not for Hire _____
Contract _____ Broker _____
Agent _____ Forwarder _____

What type of bill of lading is issued?

Release Bill _____ Valued Bill _____ Straight Bill _____

Are trucks left unattended? Yes No

Are all drivers regular employees of the Insured? Yes No

Number of drivers employed: _____ Average length of service for all drivers: _____ years

Full-Time

Part-Time

Leased

Owner-Operators

Number of Drivers under age 25: _____

Are MVR's ordered on drivers and how often:

List any drivers with DUI, DWI, Reckless Driving, more than 2 speeding tickets within last 3 years:

Is the driver required to be present while loading? Yes No

Radius of Operations:

- Less than 250 miles _____%
- 251-500 miles _____%
- 501-750 miles _____%
- 751-1,000 miles _____%
- Over 1,000 miles _____%

List all States in which vehicles are operated:

Are Filings required: Yes No

If yes, please advise where required:

If an I.C.C. Filing is required, please advise:

Docket No.:

Equipment: Schedule of equipment attached or as follows:

| Type | Owned | Owner/Operator | Leased W/O Operator | Trade |
|---------------------|-------|----------------|---------------------|-------|
| Tractor | | | | |
| Trailers | | | | |
| Straight Trucks | | | | |
| Refrigerated Trucks | | | | |
| Tankers | | | | |
| Vans | | | | |
| Pickups | | | | |
| Other (describe): | | | | |

Is non-owned trailer coverage required? Yes No Limit per trailer \$ _____

List specific commodities hauled as follows:

| Commodity | % of Total Hauls | Average Load Value | Maximum Load Values |
|-----------|------------------|--------------------|---------------------|
| | | | |
| | | | |
| | | | |

Is terminal coverage required? Yes No

If yes, list locations, avg./max value including loaded vehicles, limit of liability required.

Does applicant have a published loss control program? Yes No

If yes, please describe:

Does Applicant employ a full-time loss control manager? Yes No

Does Applicant have a no loss bonus program? Yes No

Does Applicant have an equipment maintenance and inspection program? Yes No

Describe Refrigeration Equipment maintenance program – if applicable:

Drivers: Name, Date of Birth, License Number

Equipment: Included Model Year, Make, Serial Number
