



Insurance for
Things That Move.™

201 County Court Blvd., Suite 505
 Brampton, Ontario, Canada L6W 4L2
 Tel: (905) 455-6608 Fax: (905) 455-5298

885 West Georgia Street, Suite 1500
 Vancouver, BC., Canada V6C 3E8
 Tel: (604)683-0506

Email: eagle@eagleunderwriting.com
www.eagleunderwriting.com

Application for Motor Truck Cargo

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 – General Information

Applicant's Name	Broker's Name	
	Address	Broker's No. ()
Nature of Business	Number of years in business	

Section 2 – Cargo

Products being Shipped (Please attach and descriptive literature)

Volume per Annum		
By Truck: \$	By Rail: \$	By Air: \$
Maximum value per package	Maximum value per shipment	Average value per shipment
\$	\$	\$

Geographical Limits

Do you issue your own bill of lading? (If 'yes', please attach a copy)	Yes	No
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)	\$	
Average value of cargo per shipment:	\$	Maximum value of cargo per shipment: \$
Actual gross freight receipts for this year:	\$	Estimated gross freight receipts for next year: \$



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Section 3 – Driver Information

Are all drivers checked for proper license? Yes No	Have drivers had any accidents? Yes No If yes please provide full details	Have drivers had any convictions? Yes No If yes please provide full details
Average age of drivers:	Are drivers bonded? Yes No	Average length of employment of all drivers:
Are Previous employers checked for references? Yes No	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	Is filing of certificates to be made with any authority? Yes No If yes, please state authority and department _____
Inland Marine Policy (Shipper's Interest) Direct Damage (Cargo Policy)	Limited Broad	
Owner's form (covering owners goods on owned trucks) Direct Damage (Cargo Policy)	Limited Broad	
Carrier's Legal Liability (hauling goods for others)		Note: If Metro Toronto filing required then all risks cover must be purchased.
Experience 3 Year Record Marine Premium \$	3 Year Record Losses \$	
Has Insured had previous insurance? Yes No		
If yes: a) Name of Insurer	c) Reason for change	
c) Present Rates	d) Conditions	
Additional information or comments, if any:	Annual Gross Receipts \$ _____	



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Section 5 – Vehicle Information

Type of Motor Carrier					
a) Hauls own merchandise exclusively	Yes	No	b) Public truckman	Yes	No
Do vehicles have fire extinguishers?	Yes	No	Are trucks refrigerated?	Yes	No
			If so please state item numbers:	_____	
Are vehicles equipped with alarms?	Yes	No	Is there advertising on the truck?	Yes	No
If yes, please describe make, and type			If yes, please explain		
	_____			_____	
Are trucks heated?	Yes	No	How many operators and helpers on the truck?		
If so please state item numbers:	_____				

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 #	Value

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 if 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