

**Application for Motor Truck Cargo  
Direct Damage Owned Cargo**

*Atlantic Marine Underwriters Inc.*

*Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1  
Tel: (705) 878-9014 Fax: (705) 878-4387 www.atlanticmarine.net*

Applicant's Name: \_\_\_\_\_ Broker's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_ Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_  
Products being shipped (please attach any descriptive literature): \_\_\_\_\_  
\_\_\_\_\_ Are perishable items being transported? \_\_\_\_\_

Number of years in Business: \_\_\_\_\_  
Nature of packing: cartons or wooden cases. If cartons then how sealed: tape or string. Strapping: yes or no.  
Other details: \_\_\_\_\_

Marks or advertising on cartons or cases? Please identify.

**Volume per Annum**

By Truck: \$ \_\_\_\_\_ By Rail: \$ \_\_\_\_\_ By Air: \$ \_\_\_\_\_

Maximum value per package: \$ \_\_\_\_\_ Maximum value per shipment: \$ \_\_\_\_\_

Average value per shipment: \$ \_\_\_\_\_

Geographical Limits: \_\_\_\_\_

Basis of Valuation

Invoice + Freight + \_\_\_\_\_ %

Are there any special agreement with carriers that limits Liability? Please submit agreement.

Do you transport your cargo with your own trucks? Yes No

Do you employ common carriers to transport your cargo? Yes No

**Drivers Information**

Are all drivers checked for proper license? Yes/No

Have drives had any accidents? Yes/No. If yes please provide full details on a separate sheet of paper.

Have drivers had any convictions? Yes/No. Please provide full details.

Average age of driver: \_\_\_\_\_ Are drivers bonded? Yes/No

Are employees checked for references? Yes/ No Average length of employment for all drivers?

If owned vehicles, please supply names and driver's license number of all drivers on a separate sheet of paper.

**Policy Information**

Is filing of certificates to be made with any authority? Yes/No. If yes, please state authority and department.

Premium and loss Experience of insured over past 5 years

Year	Premium	Losses	Nature of Loss
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200

200

200

Had insured had previous insurance Yes/No

If Yes:

a)Name of Insurer

b)Reason for Change

c)Present Rates

d)Conditions

Additional information or comments, if any

**Vehicle Information**

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

Are vehicles equipped with a Boomerang or similar tracking device? Yes No

Are vehicles equipped with a Mul-T-Lock system or similar device? Yes No

Do vehicles carry fire extinguishers? Yes/No. How many operators and helpers per truck:

Are trucks heated or cooler by a mechanical system. Yes/No

Are trucks left unattended while loaded? Yes/No. If yes please explain why:

Is there any advertising on the truck? Yes/No. If yes please provide details:

Are loaded trucks left unattended and unprotected over the weekend? Yes No

Please advise limit of liability required.\$ Please advise deductible required.\$

Additional Information:

**Important Notice – 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 specified in the policy will not be subject of the cover provided herein.**

**Schedule of Vehicles**

<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>Serial #</b>	<b>Value</b>
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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 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: