

**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

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 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: