

**MOTOR TRUCK CARGO PROPOSAL FORM**

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, such as switchgear, turbines, generators and the like are NOT considered to be electronics*).

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7. Form of cover required: Broad Form [  ] incl Reefer Breakdown ? [  ]  
 Named Peril Form [  ]

8. List by category and percentage of the total loads shipped:

Type of cargo	Ave. Value per load	Max. Value per load	% of total loads
Machinery			
Tobacco			
Produce			
Chilled Food			
Frozen Food			
Building Materials			
Electronics			
Garments			
Seafood			
Alcohol			

9. Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles \_\_\_\_\_? or off vehicles \_\_\_\_\_?  
 If either answer is yes, please give details of any such places which are regularly used:

Address	Fenced yard locked at night?	24 hour watchman?	Alarmed Building?	Sprinklered Building?	Max. value exposed?

10. Limits required: a) \$ _____ a.o.vehicle b) \$ _____ a.o.loss (vehicle accumulation) c) \$ _____ a.o.terminal (off vehicles)	d) Deductible _____ e) Refrigeration Breakdown Deductible _____
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Do you ever carry loads valued greater than the cargo insurance limit requested? Yes / No

11. Give details of any steps taken to secure vehicles whenever left unoccupied. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Give details of any I.C.C. or State / Provincial cargo filings required: \_\_\_\_\_  
 \_\_\_\_\_

Percentage of hauls by distance: 1-250 miles [  ] 251-1000 miles [  ] 1001+ miles [  ]

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13. Please give details of the number of vehicles for which cargo cover is required:

<b>Tractor Units</b>		<b>Reefer Trailers 10 yrs old or less</b>	
<b>Straight trucks</b>		<b>Reefer Trailers more than 10 yrs old</b>	
<b>Reefer trucks</b>		<b>Flat bed trailers</b>	
<b>Tank trucks</b>		<b>Tank trailers</b>	
<b>Other power units</b>		<b>Other trailers</b>	
<b>Total number of power units</b>		<b>Total number of trailers</b>	

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

Year	Make/Model	VIN	GVW	Radius	Limit of Insurance

15. Please give driver details:

Driver's Name	Date of Birth	Driver's License No.	State	No of accidents in last 3 years	No of violations in last 3 years

16. Please give details of checking procedures maintained for employing new drivers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. What are the criteria you use to determine whether to fire existing drivers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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18. Please give details of your cargo loss experience whether insured or not, for the past 5 years, on an All Risks / Broad Form basis, **FROM 1st DOLLAR / NO DEDUCTIBLE**

Year	Paid	Outstanding	What happened?

19. Are details of claims within deductibles ('over, shortage and damage') maintained? If so, please give details for the past 3 years:

Year	Total amount paid	Total amount outstanding

20. Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?: \_\_\_\_\_ If so please give details: \_\_\_\_\_

21. Please give details of your existing cargo insurance:

Carrier	Existing deductible	Existing limit	Expiry date

22. Date from which insurance cover is required: \_\_\_\_\_

**23. I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.**

I hereby authorize Argenia, Inc. to obtain from the Arkansas Office of Driver Services a copy of my traffic violation report for use in rating and/or underwriting the insurance for which application is being made, and any renewal thereof. I understand that in obtaining this report a consumer reporting agency may be used by them and I authorize such use. I also certify that the named drivers (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain traffic violation reports for use in rating and/or underwriting; and I certify that the above information is true and agree that misrepresentation of any facts be me will be reason for the company to cancel any policy issued on the basis of the application, and will hold the company harmless for action taken.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Position \_\_\_\_\_



**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD.....
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

.....Syndicate on behalf of certain  
underwriters at Lloyd's

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date