



# Motor Truck Cargo Application

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## Instructions for Completing this Application

This is a fillable PDF Document.

Please answer all questions fully. If necessary, as noted in the questions below, please provide additional responses in a supplemental document on your letterhead attached to this Application.

Upon completion, the Application must be signed and dated by an authorized representative of the Applicant.

## NOTICES

Please note that the insurance coverage to which this Application applies provides that the policy limit available is reduced by amounts incurred for legal defence costs and expenses and may be completely exhausted by such amounts. CNA will not be liable for any defence costs or expenses, nor any settlement or judgment amount after the exhaustion of the policy limit. Please also note that amounts incurred for defence costs and expenses will be applied to the applicable retention. This Notice is subject to the provisions of the Quebec Civil Code where applicable to an issued policy.

Providing information about a claim or potential claim in response to any question in any part of this Application does not create coverage for such claim or potential claim. The Applicant's failure to report to its current insurance company any claim made against it during the current policy period, or to report any act, omission, or circumstance of which the Applicant is aware that may give rise to a claim, before expiration of the current policy, may create a lack of coverage.

Please note that the submission of a completed, signed Application does not result in an obligation to purchase insurance or an obligation by the insurance company to bind insurance.

## I. GENERAL INFORMATION (to be completed by all applicants)

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

All monetary values in this questionnaire are:  CAD  USD

2. Name of Current Insurer: \_\_\_\_\_
3. Number of years with Insurer: \_\_\_\_\_ years
4. Has Insurance ever been cancelled or declined?  Yes  No  
If yes, please specify: \_\_\_\_\_
5. List all Losses whether Insured or not which the Applicant has incurred over the past 5 years:
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
6. Has Applicant ever filed for bankruptcy or reorganization?  Yes  No
7. List Gross Revenue for the past 5 years:
- 20\_\_\_\_ - \$ \_\_\_\_\_
- 20\_\_\_\_ - \$ \_\_\_\_\_
- 20\_\_\_\_ - \$ \_\_\_\_\_
- 20\_\_\_\_ - \$ \_\_\_\_\_
- 20\_\_\_\_ - \$ \_\_\_\_\_
8. Estimated Gross Revenue for the upcoming year: 20\_\_\_\_ (\$ \_\_\_\_\_)

## II. CARRIER INFORMATION

1.  Private – Not for Hire  Contract  Agent  Broker
2. What type of Bill of Lading is issued?  Release Bill  Straight Bill  Valued Bill
3. Are the Trucks left unattended?  Yes  No
4. Are all Drivers regular employees of the Insured?  Yes  No
5. Number of Drivers Employed: ( \_\_\_\_\_ ) Average length of service for all Drivers: ( \_\_\_\_\_ ) years  
 Full Time  Part Time  Leased  Owned
6. Number of Drivers under Age 25: \_\_\_\_\_
7. Are MVR's ordered on Drivers?  Yes  No If yes, how often? \_\_\_\_\_

8. List any Drivers with DUI, DWI, Reckless Driving, more than 2 speeding tickets within the last 3 years

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

9. Is the Driver required to be present while loading?

Yes  No

10. Describe your driver vetting process: \_\_\_\_\_

**III. RADIUS OF OPERATIONS**

1. Less than 250 Miles: \_\_\_\_\_% 251 - 500 Miles: \_\_\_\_\_% 501 - 750 Miles: \_\_\_\_\_%  
 751 - 1000 Miles: \_\_\_\_\_% Over 1000 Miles: \_\_\_\_\_% Other: \_\_\_\_\_

2. List all States in which vehicles are operated:

\_\_\_\_\_  
 \_\_\_\_\_

**IV. EQUIPMENT**

1. Schedule of Equipment attached as follows:

Type	Owned	Owner/Operator	Leased without Operator	Trade
Tractor	_____	_____	_____	_____
Trailers	_____	_____	_____	_____
Straight Truck	_____	_____	_____	_____
Refrigerated Trucks	_____	_____	_____	_____
Tankers	_____	_____	_____	_____
Vans	_____	_____	_____	_____
Pick-Ups	_____	_____	_____	_____
Other (describe)	_____	_____	_____	_____

2. Is Non-owned Trailers coverage required?

Yes  No

3. Limit per Trailer: \$ \_\_\_\_\_

4. List specific commodities hauled as follows:

Commodity	% of Total Hauls	Average Load Value	Maximum Load Values
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FRAUD NOTICE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. The Applicant, through the undersigned authorized representative, hereby acknowledges that the aforementioned statements and answers are accurate and complete. Applicant further understands that any inaccurate or incomplete statements may result in an exclusion or denial of insurance coverage. Applicant further authorizes CNA Insurance Companies to release the information on this Application and associated underwriting information.

**APPLICANT**

By: \_\_\_\_\_  
 Signature and Title\* Printed Name of Authorized Representative

Date: \_\_\_\_\_

**\* This Application must be signed by the Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, General Counsel or Risk Manager of the Applicant acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance. Please print and sign this application.**

Note: For purposes of the Insurance Companies Act (Canada), this document was made in the course of Continental Casualty Company's insurance business in Canada.

