



WhiteOak Combined MTC & APD Proposal Form

Attach an extra sheet if there is insufficient room for your answers

ALL QUESTIONS MUST BE ANSWERED. ANY QUESTIONS LEFT BLANK WILL BE DEEMED TO HAVE BEEN ANSWERED "NO" OR "NOT APPLICABLE"

ANY FIELDS OF A DIFFERENT COLOUR ARE MANDATORY AND CAN NOT BE LEFT BLANK

Applicant Information

| | | | |
|---|-------------|---|---|
| 1 | | Type of coverage required: Motor Truck Cargo? Yes / No | Automobile Physical Damage? Yes / No |
| 2 Applicant: Doing business as: Address (Full): | | | |
| MC Docket Number: | DOT Number: | Years in Business: | If a new venture complete the new venture section of this form |
| 3 Addresses of Terminals if other than above: | | | |
| 4 Names, addresses and functions of Associated or Subsidiary Companies to be included: | | | |
| 5 Percentage of hauls by distance: 1-250 miles [%] 251-1,000 miles [%] 1,001+ miles [%] | | | |
| 6 Do you require coverage within Alaska? Yes / No | | Do you require coverage within Mexico? Yes / No If yes how far into Mexico? more than 100 miles Yes / No | |
| 7 Please give details of any steps taken to secure vehicles whenever left unoccupied: | | | |
| 8 Do you haul trailers attached in tandem and / or "Super Bs" / "B trains"? Yes / No Do you require cover for trailer interchange? Yes / No If yes, Please give details of number of trailer interchange days per year: Trailer Interchange limit required \$ any one trailer \$ any one loss \$ | | | |

9 Please give gross receipts (G.R.) in respect of your trucking operations for the last 5 years and estimate for the coming year:

| Year | G.R. Own haul | G.R. Subcontracted out | Total G.R. All operations |
|----------|---------------|------------------------|---------------------------|
| Estimate | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

Drivers and DRIVER EXCLUSIONS

10 Please give overall driver details as below:

| | | | |
|-----------------------------------|--|---|--|
| Total number of drivers | | Number of full time employes (Mandatory) | |
| Number of two person driver teams | | Number of drivers on long term (30 days+) lease | |

11 Please give details of your checking procedures maintained for employing new drivers:

12 What are the criteria you use to determine whether to fire existing drivers?

13 The policy form **EXCLUDES ANY DRIVER** who at inception of the policy or at the date of hire, whichever is the later, is not aged between 22 and 70 years inclusive, or who within the three (3) years prior to the inception date of the policy or at the date of hire:

- i) has any *critical violations*
- ii) has more than 2 *major violations* **OR** 5 *minor violations*
- iii) has more than 1 *major violation* **AND** 3 *minor violations*
- iv) has not held a valid driver license for the truck involved for at least twelve (12) months immediately prior to operations for which cover is required

UNLESS such driver has been accepted by the Underwriters and endorsed on to the policy, with any additional premium paid as required by the Underwriters. It is a requirement of the policy that the Insured shall obtain satisfactory references and Motor Vehicle Records from reliable sources, and keep records thereof in respect of all drivers.

The words *critical violation(s)* shall mean:

- i) Driving while intoxicated (DWI), implied consent, any suspension of the driver's license for failure to submit to alcohol testing,
- ii) Driving under the influence (DUI), implied consent, any drug related violation or any suspension of the driver's license for failure to submit to drug testing.

The words *major violation(s)* shall mean:

- i) Manslaughter or negligent homicide,
- ii) Felony involving a motor vehicle,
- iii) Racing,
- iv) Hit and Run,
- v) Reckless driving,
- vi) License suspension for points,
- vii) Driving while license suspended,
- viii) Fleeing/eluding arrest,
- ix) Multiple driver licenses not reported to the Underwriters,
- x) Accident other than whilst driving a private passenger vehicle,
- xi) Driving in excess of 100 miles per hour / 160 kilometers per hour.

The words *minor violation(s)* shall mean:

All moving violations other than the *major violations* or *critical violations* listed above and the following non-moving violations:

- i) Defective brakes,
- ii) Defective equipment,
- iii) Oversize or overweight.

Please list below any drivers for which cover is required, who fall outside these criteria, and attach details of their driving records (continue on an extra sheet if necessary):

| Name | Date of Birth | License Number | Name | Date of Birth | License Number |
|------|---------------|----------------|------|---------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

Vehicles and Equipment

14 Please give details of the number of vehicles for which cover is required:

| | | | |
|--------------------------|--|-------------------------------|--|
| Tractor units | | Reefer trailers | |
| Straight trucks | | Auto carrying trailers | |
| Reefer trucks | | Flat bed trailers | |
| Tank trucks | | Tank trailers | |
| Other power units | | Other trailers | |



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| | | | |
|------------------------------------|--|---------------------------------|--|
| Total number of power units | | Total number of trailers | |
|------------------------------------|--|---------------------------------|--|

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15 If a scheduled vehicle(s) **MTC** policy is required please complete columns A, B, C and D below for all power units to be covered **BUT** if an **APD** policy is required please complete all columns for all vehicles and equipment to be covered (attach a separate schedule if necessary):

| Column | A | B | C | D | E |
|--------------|-------------------|---------------------|--------------------------------|---------------|--------------------------|
| MTC → | Model Year | Make / Model | Type - power units only | V.I.N. | N/A |
| APD → | Model Year | Make / Model | Type - all units | V.I.N. | Actual cash value |
| 1 | | | | | \$ |
| 2 | | | | | \$ |
| 3 | | | | | \$ |
| 4 | | | | | \$ |
| 5 | | | | | \$ |
| 6 | | | | | \$ |
| 7 | | | | | \$ |
| 8 | | | | | \$ |
| 9 | | | | | \$ |
| 10 | | | | | \$ |
| 11 | | | | | \$ |
| 12 | | | | | \$ |
| 13 | | | | | \$ |
| 14 | | | | | \$ |
| 15 | | | | | \$ |
| 15 | | | | | \$ |
| 16 | | | | | \$ |
| 17 | | | | | \$ |
| 18 | | | | | \$ |
| 19 | | | | | \$ |
| 20 | | | | | \$ |

Motor Truck Cargo (to be completed if Motor Truck Cargo coverage required)

16 Are Companies: a) Common Carriers? [] b) Private Carriers? [] c) Contract Carriers? []
 d) Owner of cargo? [] e) Other? [] (Please give details):
 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.

17 a) Please give details of any operations carried out other than that of a carrier:

18 Do you subcontract to other parties? Yes / No. If yes, on long term (30 days+) leases or other basis? (Please give details):
 Are subcontractors responsible and insured for loss / damage to the cargo you subcontract to them? Yes / No



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If yes, do you maintain copies of their current insurance arrangements on file? Yes / No

19 Give details of any I.C.C. or State / Provincial cargo filings required:

20 Do you require cover for cargo in terminals or at other places where vehicles are often left overnight or at weekends either on vehicles? Yes / No or temporarily unloaded from vehicles? Yes / No

If either answer is yes, please give details of any such places which are regularly used:

| Address | Fully enclosed yard locked at night? | 24 hour watchman? | Alarmed building? | Sprinklered building? | Maximum value exposed? |
|---------|--------------------------------------|-------------------|-------------------|-----------------------|------------------------|
| | Yes / No | Yes / No | Yes / No | Yes / No | \$ |
| | Yes / No | Yes / No | Yes / No | Yes / No | \$ |
| | Yes / No | Yes / No | Yes / No | Yes / No | \$ |
| | Yes / No | Yes / No | Yes / No | Yes / No | \$ |

21 Cover required: Including refrigeration breakdown? [] Named perils only? []

22 The following interests which are **excluded** under the policy form can normally be covered at additional premium but only if requested. Please circle any you wish to be covered, and include details of such loads in your answer to question 23. **Coverage does not apply for any of the following interests unless it is specifically accepted by the Underwriters and endorsed on to the policy.**

Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry and/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings.

Tobacco, cigars, cigarettes, pharmaceuticals, perfume, eau de toilette, non-ferrous metal in scrap and/or ingot form, furs, all forms of alcohol intended for human consumption other than beer, seafood unless canned, *garments* - defined as all items of clothing including but not limited to innerwear and outerwear, footwear, shoes, boots, gloves, hats and *electronics* - defined as all items of assembled consumer and commercial electrical appliances/equipment and unassembled electronic components, including but not limited to; radios, televisions, computers (including peripherals), consoles, computer and/or gaming software, hard drives, chips, microchips, printed circuit boards and their components, modems, monitors, cameras, facsimile machines, telephones (including cellular), pagers, photocopiers, printers, scanners, batteries, PDAs, VCRs, HI-FIs or stereos (including speakers/components), compact discs, MP3s, DVDs, minidisks, digital players and/or recorders.

Battery operated or electrically operated toys with a unit value greater than \$75 shall be deemed to be *electronics*.

Heavy electrical items such as switchgear, turbines, and generators, or kitchen appliances such as washing machines, dishwashers, microwave ovens, toasters, and irons shall not be considered to be *electronics*.

Household goods and/or personal effects, when forming part of a residential move or office relocation.

Live animals (Not excluded but cover is provided for *named perils* only)

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23 Please list by category and percentage the total loads hauled:

| Type of cargo | Average value per load | Maximum value per load | % of total loads |
|--|------------------------|------------------------|------------------|
| Machinery | \$ | \$ | |
| Lumber | \$ | \$ | |
| Produce | \$ | \$ | |
| Hazardous materials for which placards are required | \$ | \$ | |
| Chilled / Frozen Food | \$ | \$ | |
| Autos | \$ | \$ | |
| Building Materials | \$ | \$ | |
| Mobile Homes | \$ | \$ | |
| Boats | \$ | \$ | |
| Live animals | \$ | \$ | |
| Other (please specify) | \$ | \$ | |
| | \$ | \$ | |
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| | |
|--|--|
| 24 Limits required:) \$ any one truck / trailer(s) combined) \$ any one loss (vehicle accumulation)) \$ any one terminal (off vehicles) | Deductible required: \$ Deductible Basis: |
|--|--|

If the limit for 24b) is in addition to the limit for 24c), please specify the overall loss limit required \$

25 Do you ever carry loads valued greater than the cargo insurance limit requested? Yes / No

26 Please give details of your cargo loss experience whether insured or not, for the past five (5) years, on an All Risks basis, **FROM 1st DOLLAR / NO DEDUCTIBLE**

| Year | Paid | Outstanding | What happened? |
|------|------|-------------|----------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |



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| | | | |
|--|----|----|--|
| | \$ | \$ | |
|--|----|----|--|

27 Are details of claims within deductibles ('over, shortage and damage') maintained? Yes / No
 If yes, please give details for the past three (3) years:

| Year | Total amount paid | Total amount outstanding |
|------|-------------------|--------------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

28 Has any insurer within the past five (5) years refused to renew, or has canceled any insurance for the applicant? Yes / No If yes, please give details:

29 Please give details of your existing cargo insurance:

| | | | |
|-------------------------|----------|----------------------------|-------------------------|
| Carrier | | Existing deductible | \$ Deductible Basis: |
| Renewal offered? | Yes / No | Existing limit | \$ |
| Existing rate | | Expiry date | |

30 Date from which insurance cover is required:

Automobile Physical Damage (to be completed if Automobile Physical Damage coverage required)

31 Type of cargo carried:

| | |
|--|--|
| 32 Limits required: a) \$ any one Truck or Trailer b) \$ any one Truck and Trailer combined c) \$ any one loss | Deductible required \$ Deductible Basis: Combined MTC & APD deductible required? Yes/ No |
|--|--|

33 Please list any Loss Payees or Lien Holders on your Vehicles / Equipment (attach a separate schedule if necessary):

34 Will you use hired in Equipment? Yes / No Will you loan your equipment out to others? Yes / No

35 Do you own or use vehicles and / or equipment other than those listed Yes / No
 If yes, please give details why coverage is not required:

36 At what periods are your vehicles and / or equipment regularly inspected and serviced:

37 Please give the TIV at the Inception date of your policies, and details of your APD loss experience whether insured or not, for the past five (5) years, on an All Risks basis, **FROM 1st DOLLAR / NO DEDUCTIBLE**

| Year | Total Insured Value at Inception | Paid | Outstanding | What happened? |
|------|----------------------------------|------|-------------|----------------|
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |

38 Has any insurer within the past five (5) years refused to renew, or has canceled any insurance for the applicant? Yes / No If yes, please give details:

39 Please give details of your existing APD insurance:

| | | | |
|-------------------------|----------|----------------------------|-------------------------|
| Carrier | | Existing deductible | \$ Deductible Basis: |
| Renewal offered? | Yes / No | Existing limit | \$ |
| Existing rate | | Expiry date | |

40 Date from which insurance cover is required:

New Venture (to be completed only if a new venture)

| | |
|---|----------------------------|
| 41 Effective date of new venture: | Date of first CDL: |
| 42 How long have you been driving tractor / trailer rigs? | |
| 43 Who did you previously drive for? | For how long? |
| 44 What types of goods were you previously hauling? | |
| 45 What was / were your usual route(s)? | |
| 46 How many accidents or losses were you involved in during the past 5 years? Describe the circumstances of the accidents or losses: | |
| 47 Will you be hauling for anyone in particular? | |
| 48 Who is financing the new venture? | |
| 49 Are you applying for FHWA (ICC) authority? | Yes / No If yes when? |
| 50 Do you expect to increase the number of your vehicles within 1 year? Yes / No If yes, how many? | |

Declaration

52 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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 fact(s). I/We agree that should a policy be issued, this form INCLUDING THE DRIVER EXCLUSIONS AS PER QUESTION 12 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 as soon as possible who may, at their discretion, vary the terms and conditions of the contract.

Signed**Dated****Position**

Notes:

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