

GLISE 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: _____
 _____ MC / US DOT # _____

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. List by category and percentage of the total loads shipped: *General Freight etc. is not acceptable, please be specific.*

Type of cargo	Ave. Value per load	Max. Value per load	% of total loads

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7. The following interests are **excluded** under the basic policy form, but some excluded items may be covered with the prior agreement of Insurers at additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 6: 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, perfume, eau de toilette, diapers, baby formula, live animals, tobacco, cigars, cigarettes, e-cigarettes, vapes, all forms of cannabis including but not limited to marijuana and hemp, non-ferrous metal in scrap or ingot form, furs, all forms of alcohol intended for human consumption other than beer, garments (*defined as: all 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 assembled consumer and commercial electrical appliances/equipment and un-assembled 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 USD75 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*).

8. Form of cover required: Reefer Breakdown? Yes [] No []

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) USD _____ any one vehicle
 b) USD _____ any one loss (vehicle accumulation)
 c) USD _____ any one terminal (off vehicles)

If Limit for 10b) is in addition to 10c), specify overall loss limit needed USD _____

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. 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:

Tractor Units		Reefer Trailers 10 yrs old or less	
Straight trucks		Reefer Trailers more than 10 yrs old	
Reefer trucks		Flatbed trailers	
Tank trucks		Tank trailers	
Other power units		Other trailers	
Total number of power units		Total number of trailers	

14. Please supply power unit Make, Model and Vehicle Identification Numbers if scheduled vehicle policy required: Please use a separate sheet if necessary.

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12	

15. Please give driver details:

Total no. of drivers		No. of full time employee drivers	
No. under 25 yrs old		No. of drivers on long term (30d+) lease	
No. over 60 yrs old		No. of two person driver teams	

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

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

18. Please give details of your cargo loss experience whether insured or not, for the past 5 years, **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	
Renewal offered?		Existing limit	
Existing rate		Expiry date	

22. Date from which insurance cover is required: _____

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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.

Signed _____ Dated _____

Position _____

