

**MOTOR TRUCK CARGO INSURANCE  
PROPOSAL FORM**

1. Name of Applicant: \_\_\_\_\_
  2. Mailing Address: \_\_\_\_\_
  3. Address of Principal Terminal (if other than above) \_\_\_\_\_  
\_\_\_\_\_
  4. Number of years in business: \_\_\_\_\_
  5. Details of Fire and Theft precautions installed / adopted at terminal(s): \_\_\_\_\_  
\_\_\_\_\_
  6. Radius of usual Operations: \_\_\_\_\_
  7. Type of Cargo carried: \_\_\_\_\_
  8. Vehicle(s) legally owned by: \_\_\_\_\_  
Loss Payee(s): \_\_\_\_\_
  9. Name of previous Carrier: \_\_\_\_\_
  10. Name of Carrier of Public Liability and Property Damage Insurance: \_\_\_\_\_  
\_\_\_\_\_
  11. Has Applicant had previous Fire, Theft and Collision Automobile Insurance cancelled? \_\_\_\_\_  
If so, state date, name of Insurance Company and reason(s) for cancellation: \_\_\_\_\_  
\_\_\_\_\_
  12. Is Vehicle(s) Owner-Driven? \_\_\_\_\_  
If drivers are employed, what investigations are made: \_\_\_\_\_  
\_\_\_\_\_
- Note: Drivers under 23 years of age or over 65 years of age must be specially declared for agreement by Insurers.
13. Will you ever use hired Equipment? \_\_\_\_\_
  14. Will any of your Equipment ever be loaned or rented to others? \_\_\_\_\_
  15. Is Equipment regularly inspected and serviced, if so, at what periods: \_\_\_\_\_
  16. Do you own or use Trucks and/or Trailers other than those listed under item 23. following? \_\_\_\_\_  
\_\_\_\_\_
  17. If more than one Vehicle covered, what is the estimated maximum possible Terminal Loss: \$ \_\_\_\_\_

- 18. Amount of Deductible required (minimum \$1,000): \_\_\_\_\_
- 19. Do you require cover for Windshield / Glass? \_\_\_\_\_
- 20. Do you require cover for drivers personal effects whilst in the vehicle? \_\_\_\_\_
- 21. Do you require cover for 'Downtime' (loss of use): \_\_\_\_\_
- 22. Premiums and Losses sustained by Applicant last five years:

Year	Premium	LOSSES			
		Fire	Theft	Collision	Other
19	\$	\$	\$	\$	\$
19	\$	\$	\$	\$	\$
19	\$	\$	\$	\$	\$
19	\$	\$	\$	\$	\$
19	\$	\$	\$	\$	\$

23. Description of Vehicle(s):

Item No.	Model Year	Trade Name	Type (Truck, Tractor, Trailer etc.)	Serial Number (VIN)	Amount for Insurance
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$

24. Declaration:

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 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: \_\_\_\_\_  
Applicant

Position: \_\_\_\_\_

Dated: \_\_\_\_\_

Agent: \_\_\_\_\_