

APD and MTC Combined Application

All questions must be answered and the following attached:

1. ACV Vehicle Schedule
2. Driver list with date of birth and number of years holding Class 1(A)
3. Five years history for physical damage and cargo only
4. Current MVR's on all drivers

APPLICANT INFORMATION

| | | | | | |
|---|------------|-----------|-----------------------------|------------|-----------|
| Type of coverage required: Motor Truck Cargo? | Yes | No | Automobile Physical Damage? | Yes | No |
|---|------------|-----------|-----------------------------|------------|-----------|

| | |
|------------|--------------------|
| Applicant: | Doing business as: |
|------------|--------------------|

Address:

| | |
|-----------------------|--|
| ICC Docket number: MC | Year established: <i>If a new venture, complete the new venture section</i> |
|-----------------------|--|

Addresses of Terminals if other than above:

Name, addresses and functions of Associated or Subsidiary Companies to be included:

| | | | | | | |
|----------------------------------|-------------|---|-----------------|---|--------------|---|
| Percentage of hauls by distance: | 1-250 miles | % | 251-1,000 miles | % | 1,001+ miles | % |
|----------------------------------|-------------|---|-----------------|---|--------------|---|

| | | | | | |
|--|------------|-----------|---|------------|-----------|
| 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 | |

Please give details of any steps taken to secure vehicles whenever left unoccupied? Locked kept in yard when road driver locks

| | | |
|--|------------|-----------|
| With respect to applicable Provinces Auto Physical Damage, does the applicant carry Direct Compensation Property Damage insurance? | Yes | No |
|--|------------|-----------|

| | | |
|--|------------|-----------|
| If no, has the applicant opted out or declined to carry DCPD coverage? | Yes | No |
|--|------------|-----------|

| | | |
|---|------------|-----------|
| 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: |
|--|---------------------|---------------|

| | | | | |
|-----------------------------|------------|-----------|---|---|
| Do you use owner operators? | Yes | No | If yes, please specify % of operators vs total number of drivers: | % |
|-----------------------------|------------|-----------|---|---|

VEHICLES AND EQUIPMENT

Please give details of the number of vehicles for which coverage 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 | |
| Total Number of Power Units | | Total Number of Trailers | |

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 | | | | | \$ |
| 16 | | | | | \$ |
| 17 | | | | | \$ |
| 18 | | | | | \$ |
| 19 | | | | | \$ |
| 20 | | | | | \$ |

OPERATIONS HISTORY

| Year | Number of Power Units* | Total Insured Values (Power Units and Trailers)* | Revenue |
|----------------------------------|------------------------|--|---------|
| Current/Upcoming Year | | \$ | \$ |
| Prior Year (Last 12 Months) | | \$ | \$ |
| Second Prior Year (12-24 months) | | \$ | \$ |
| Third Prior Year (24-36 months) | | \$ | \$ |

*Inception of term.

Drivers and Driver Exclusions

Please give overall driver details as below:

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

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

DRIVER LIST

| Driver Forename | Driver Surname | Date of Birth | Date of Hire | Number of Years with Class 1/A |
|-----------------|----------------|---------------|--------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|---|------------|-----------|------------|-----------|
| Are subcontractors responsible and insured for loss / damage to the cargo you subcontract to them? If yes, do you maintain copies of their current insurance arrangements on file? | Yes | No | Yes | No |
|---|------------|-----------|------------|-----------|

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

| | | |
|---|------------|-----------|
| 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 temporarily unloaded from vehicles? | Yes | No |
|---|------------|-----------|

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

1) Address:

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

2) Address:

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

3) Address:

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

4) Address:

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

| | | | | | |
|--|------------|-----------|--------------------|------------|-----------|
| Cover required: Including refrigeration breakdown? | Yes | No | Named perils only? | Yes | No |
|--|------------|-----------|--------------------|------------|-----------|

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 **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)

Please list by category and percentage the total loads hauled:

| Type of Cargo | Average Value Per Load | Maximum Value Per Load | % Of Total Loads |
|--------------------------------|------------------------|------------------------|------------------|
| Alcohol (Target Commodity) | \$ | \$ | % |
| Electronics (Target Commodity) | \$ | \$ | % |
| Garments (Target Commodity) | \$ | \$ | % |

| | | | |
|--|----|--|----|
| Seafood (Target Commodity) | \$ | \$ | % |
| Tobacco (Target Commodity) | \$ | \$ | % |
| Autos – Not on Hook | \$ | \$ | % |
| Autos – On Hook | \$ | \$ | % |
| Boats | \$ | \$ | % |
| Building Materials | \$ | \$ | % |
| Chilled / Frozen Food | \$ | \$ | % |
| Dry Groceries | \$ | \$ | % |
| Electrical Equipment (Not Electronics) | \$ | \$ | % |
| Fertilizer | \$ | \$ | % |
| Grain | \$ | \$ | % |
| Gravel | \$ | \$ | % |
| Hay | \$ | \$ | % |
| Heavy Machinery | \$ | \$ | % |
| Hazardous Materials for Which Placards are Required | \$ | \$ | % |
| Logs | \$ | \$ | % |
| Lumber | \$ | \$ | % |
| Mobile Homes – Inc. Double Wide | \$ | \$ | % |
| Mobile Home – Not Double Wide | \$ | \$ | % |
| Oil (In Bulk) | \$ | \$ | % |
| Oilfield Equipment | \$ | \$ | % |
| Plastic Pipe | \$ | \$ | % |
| Produce (Not Reefer) | \$ | \$ | % |
| Refrigerated Loads (Not Seafood) | \$ | \$ | % |
| Sand | \$ | \$ | % |
| Steel | \$ | \$ | % |
| Tires | \$ | \$ | % |
| Other - | \$ | \$ | % |
| Contract Limits Required: | | | |
| a) Any truck/ trailer combined | \$ | b) Any one loss (vehicle accumulation) | \$ |
| c) Any one terminal (off vehicles) | \$ | d) Deductible required | \$ |
| If the limit of b) is in addition to the limit of c), please specify the overall loss limit required? \$ | | | |
| Do you ever carry loads valued greater than the cargo insurance limit requested? Yes No | | | |

MTC OPTIONAL ENDORSEMENTS

| Endorsement Type | Required | Options |
|---|----------|---------------------------|
| In full Premium Endorsement (A full list of VINs will be required at binding) | Yes | |
| Refrigeration Breakdown Endorsement (Minimum Deductible \$2,500) | No | Deductible \$ |
| Riggers Endorsement | No | Limit \$ Deductible \$ |
| Contingent Transit Endorsement (Truck Brokering) | No | |
| Debris Removal Endorsement | Yes | Limit \$ |
| Less Than Trailer Load Endorsement (72 Hours Off Truck Cover) | No | |
| Terminal 1: | | Limit \$ |
| Terminal 2: | | Limit \$ |
| Terminal 3: | | Limit \$ |
| Trailer Interchange Endorsement • Trailer Limit \$ • Loss Limit \$ | No | |

| | | | |
|---|-------------------|--------------------------|----------------|
| Trailer Interchange Endorsement Inc. Whilst Unattached at Named Terminals | | No | |
| <ul style="list-style-type: none"> Trailer Limit \$ Loss Limit \$ | | | |
| Terminal 1: | | | Limit \$ |
| Terminal 2: | | | Limit \$ |
| Terminal 3: | | | Limit \$ |
| Target Interest Inclusion Endorsement | | No | |
| <ul style="list-style-type: none"> Target Goods to be Covered: Theft Limit (Maximum \$50,000): \$ Theft Deductible (Minimum \$5,000): \$ | | | |
| Driver Inclusion Endorsement (A full list of drivers will be required at binding) | | Yes | |
| Alaska Endorsement | | No | |
| Additional Insured Endorsement | | No | |
| Additional Insured | Address | Phone | Fax |
| | | | |
| | | | |
| Container Endorsement | | No | |
| <ul style="list-style-type: none"> Container Limit \$ Loss Limit \$ | | | |
| Double/Triple Wide Mobile Home Endorsement | | No | Deductible \$ |
| On Hook Endorsement | | No | |
| Named Terminals Extensions for On Hook Endorsement | | No | |
| Terminal 1: | | | Limit \$ |
| Terminal 2: | | | Limit \$ |
| Terminal 3: | | | Limit \$ |
| Cargo In And/or On Trailers In Tandem Endorsement | | No | |
| Loading And Unloading of Autos Endorsement | | No | |
| Loading And Unloading of Autos (Including Unloaded Vacated Autos) Endorsement | | No | |
| New Auto Valuation Endorsement | | No | Deductible \$ |
| Named Perils Endorsement | | No | |
| Mobile Home Raising, Lowering and Setting Down Endorsement | | No | |
| Special Conditions: | | | |
| 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? |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| 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 | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| 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:

Please give details of your existing cargo insurance:

| | | | |
|------------------|---------------|---------------------|----|
| Carrier | | Existing Deductible | \$ |
| Renewal Offered? | Yes No | Existing Limit | \$ |
| Existing Rate? | | Expiry Date | |

Date for which insurance cover is required:

AUTOMOBILE PHYSICAL DAMAGE *To be completed if Automobile Physical Damage coverage is required*

Limits Required:

| | | |
|------------------------------------|--|------------------------|
| a) Any One Truck or Trailer: \$ | b) Any One Truck and Trailer Combined: \$ | c) Any One Loss: \$ |
|------------------------------------|--|------------------------|

| | | |
|------------------------|---|---------------|
| Deductible Required \$ | Combined MTC & APD Deductible Required? | Yes No |
|------------------------|---|---------------|

Please list any Loss Payees or Lien Holders on Your Vehicles / Equipment (Attach A Separate Schedule If Necessary):

| | | | |
|----------------------------------|---------------|---|---------------|
| Will You Use Hired in Equipment? | Yes No | Will you loan your equipment out to others? | Yes No |
|----------------------------------|---------------|---|---------------|

Do you own or use vehicles and/or equipment other than those listed?
If yes, please give details why coverage is not required:

At what periods are your vehicles and/or equipment regularly inspected and serviced? Weekly checks, and yearly inspections by mechanic

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

Has nay insurer within the past five (5) years refused to renew, or has cancelled any insurance for the applicant?
If yes, please give details:

Please give details of your existing APD insurance:

| | | | |
|------------------|---------------|---------------------|----|
| Carrier | | Existing Deductible | \$ |
| Renewal Offered? | Yes No | Existing Limit | \$ |
| Existing Rate? | | Expiry Date | |

Date for which insurance cover is required:

NEW VENTURE *(To be completed only if a new venture)*

| | |
|--------------------------------|--------------------|
| Effective date of new venture: | Date of first CDL: |
|--------------------------------|--------------------|

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

| |
|-------------------------|
| ADDITIONAL NOTES |
| |

DECLARATION

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd’s Underwriters’ insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured’s right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker’s or insurance company’s policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

| | |
|---|---------------|
| Signatures(s) of All named Insureds (only required if binding): | Full Name(s): |
| Position(s) Held at Insured: | Date: |