

**MOTOR TRUCK CARRIERS  
LEGAL LIABILITY POLICY APPLICATION**



Please use block letters and tick boxes where appropriate. If requested, please provide further details in the boxes provided. If there is insufficient space please use an additional sheet of paper. A copy of the completed application will be supplied on request but you should keep a record of any information you provide for the purpose of entering into this contract of insurance. Please answer all the following questions:

**PART A - MOTOR TRUCK CARRIER**

**1.** Name of Applicant (in full incl. all partners if applicable)

**2.** Address  
  
 City:  Province:  Postal Code:

**3.** Description of business or occupation

**4.** a. Please tell us the year in which this business was established   
 Province of Incorporation (Head Office Location)   
 b. Has ownership of the business changed since that date? If "Yes", please provide details in the box below  Yes  No

**5.** List your largest clients and the main types of cargo likely to be carried, handled or warehoused by you:

**6.** In which countries do you require cover?

		RECEIPTS - ESTIMATED ANNUAL GROSS HAULAGE	
		FROM THE USE OF VEHICLES OWNED OR OPERATED BY YOU	FROM THE EMPLOYMENT OF SUBCONTRACTORS
a. in <b>Canada</b> only	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	\$ <input type="text"/>
b. <b>Canada</b> to the <b>U.S.A.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	\$ <input type="text"/>
c. from the <b>U.S.A.</b> to <b>Canada</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	\$ <input type="text"/>
d. in <b>Mexico</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/>	\$ <input type="text"/>

**7.** a. **Do you knowingly carry, handle or warehouse any of the following cargoes:**  
 Processed tobacco &/or tobacco products  
 Semi-conductor chips  
 lap-top, palm-top or other similar portable computer equipment  
 Bullion, precious metals/stones and/or articles made of or containing precious metals/stones

b. **Do you handle any thief attractive cargo:**  
 Bottled perfumery  
 Spirits/alcohol  
 Clothing &/or footwear  
 Jewellery &/or watches  
 Mobile, cellular or other portable telephone equipment  
 Televisions, digital cameras, audio/video equipment &/or associated pre-recorded media  
 Computer equipment; associated software, &/or electrical accessories  
 Non-ferrous metals in sheet, bar, tube, ingot, coil, scrap or similar form

**c. Do you handle any specialist traffic:**

- Boats/automobiles
- Transformers

- Household goods/effects, factory, office or similar removals
- Live plants or animals

- Portable &/or prefabricated buildings
- Works of art
- Plant & Machinery

**d. Do you handle any perishable Goods/Reefer Cargo**

- i. Do all units have breakdown warning lights?  Yes  No
- ii. Is equipment regularly serviced and inspected?  Yes  No
- iii. How frequently do drivers check gauges and log readings?

**e. Haulage - Percentage of receipts earned from**

General Freight  % Reefer Cargo  % Specialist Cargo  % Thief Attractive  %

**8.** Please tick the appropriate box alongside any contract conditions used and complete the adjacent boxes if relevant.

**Contract Conditions**

- a. Bill of Lading incorporating Ontario Truck Transportation Act Regulation or equivalent (attach copy)  Yes  No
- b. Any other contract conditions (attach copies)  Yes  No
- c. Any declared value shipments (list details of cargo below)  Yes  No

TYPE OF CARGO	TOTAL ANNUAL ESTIMATED DECLARED VALUES
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

d. Amount of USA backhaul Valued Shipments: \$

**9. Limits of Liability**

- a. Please tell us the vehicle limits required for liability under contract conditions \$   
 N.B. The vehicle limit is the maximum amount we will pay for property carried in or on any one vehicle or vehicle and trailer combined.
- b. Please tell us the limit you require for any one event \$

**10. Fleet Details**

GROSS VEHICLE WEIGHT	# TRACTOR UNITS	# TRAILER UNITS	# REEFER UNITS	# OTHER UNITS
Under 12,700 kg	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Over 12,700 to 21,000 kg	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Over 21,000 to 37,000 kg	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Over 37,000 kg	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**11.** Do you subcontract any carriage?  Yes  No

- a. If "Yes", do all subcontractors used by you agree in writing to accept no less liability than you have and to fully indemnify you for all losses before you entrust cargo &/or equipment to them?  Yes  No

b. If you answered "No" to 11a above, please tell us in the box below how you hold subcontractors responsible for cargo entrusted to them and enclose copies of all documents used to hold them responsible

**12. Fleet Safety**

Do you have a Safety Management program in place?

Yes  No

**13.**

Do you ever leave unaccompanied trailers with customers for loading/unloading?

Yes  No

**14.**

Do you ever do any yard storage?

Yes  No

If "Yes" what security measures are taken?

[Yellow text box for security measures]

**15. Optional Extension**

Do you require cover for deterioration of cargo carried in temperature or humidity controlled vehicles, trailers or containers?

Yes  No

**PART B - STATIC RISKS**

Do you require cover for your liability for cargo warehoused at a rental, or under contract for storage and distribution, or by agreement or otherwise on request?

Yes  No

**PART C - ERRORS & OMISSIONS**

The standard limits of liability for the Errors and Omissions coverage to our policy is \$50,000 for all claims arising out of any one event or made during any one annual period of insurance.

**If these standard limits are inadequate for your needs please state the limit required for all claims arising out of any one event or made in any one annual period of insurance and please complete the four (4) questions that follow.**

\$ [Yellow text box for limit]

**1. Non-incorporation of contract conditions**

Do you require cover for your liability for accidental failure to incorporate your contract conditions into the contract with your customer?

Yes  No

If "Yes", will you:

a. instruct your staff in writing to tell customers of the contract conditions applicable when:

i. verbally quoting for business?

Yes  No

ii. confirming quotations in writing?

Yes  No

b. include a clear wording on all stationery used to communicate with customers stating that all business is transacted subject to your contract conditions and that copies are available on request?

Yes  No

c. make copies of your contract conditions available to customers on request?

Yes  No

If "No", to any of the above, please tell us in the box below how customers are made aware of your contract conditions and enclose copies of any documents used.

[Yellow text box for contract conditions awareness]

**IMPORTANT:** If you use more than one set of contract conditions, please enclose specimen copies of all stationery (including facsimile headers) used by you in communications with customers.

**2.**

How many partners, directors, principals and staff are employed in the business?

[Yellow text box for employee count]

**3.**

Will you obtain and retain at least two satisfactory references from reliable sources for all new managerial and clerical employees engaged after the inception of this insurance?

Yes  No

If "No", please tell us in the box below how such prospective employees are (or will be) vetted

[Yellow text box for employee vetting]

4. Do you ever contract to make or collect payments on behalf of customers or principals?  Yes  No

**PART D - GENERAL QUESTIONS**

1. **Customs Brokering** - Do you provide any customs brokering services for cargo under bond, or guarantee?  Yes  No

2. **Freight Forwarding** - Do you perform any freight forwarder services?  Yes  No

3. Who are your present insurers for the risks proposed?

4. Has any insurer ever declined, cancelled, declared insurance void or imposed special terms in respect of the risks to which this application relates (please include any previous business in which you or any other directors or partners are or have been engaged)?  Yes  No  
 If "Yes", please provide details in the box below

DATE	DETAILS	INSURER

5. Have you or any of your directors or partners ever been convicted of or charged with (but not yet tried for) any criminal offence other than a driving offence?  Yes  No  
 If "Yes", please give details in the box below

6. Have you had any losses or potential claims relating to the subject matter of this application for insurance during the last 5 years?  Yes  No  
 If "Yes", please provide details in the box below and specify whether they are E&O or legal liability.

DATE	DETAILS	AMOUNT PAID/OUTSTANDING

7. Do you have a policy in-force which provides coverage for direct damage to cargoes being carried?  Yes  No

**DECLARATION**

***I/we confirm that information provided by me/us or on my/our behalf is true and accurate and I/we have not withheld any information material to this application. If this form has not been completed by me/us personally, I/we declare that I/we have read the completed form and accept full responsibility for the answers. I/we agree that this application, declaration and any particulars supplied separately shall be incorporated into and form the basis of this proposed insurance contract between me/us and Royal & Sun Alliance Insurance Company of Canada and I/we agree to be bound by the terms of the policy.***

Signature(s)	<input type="text"/>	Date	<input type="text"/>
Print name(s)	<input type="text"/>		
Position(s) held	<input type="text"/>		
Broker	<input type="text"/>		

*The questions found in this application are not to be taken as limiting the scope of the disclosure of material information that is to be made by you. If you are in any doubt as to whether information is material you should disclose it. We recommend that you consult your insurance broker who is your agent in this matter.*