



MOTOR TRUCK CARGO

We are willing to consider most types of cargo. However we are not keen on target classes such as: -

Documents, Bullion/ Jewellery etc., Live Animals, Tobacco, Garments, Electronics, Alcohol, Seafood, Refrigerated Loads, Heavy Machinery, Autos, and Mobile Homes.; but **will** consider all classes depending on underwriting criteria.

We are **unable** to entertain Household Removals.

Small operations with non-target commodities should be submitted on the attached Equity Partners Insurance Services, Inc. quote sheet, all other risks would require the attached proposal form to be completed and utilized.

Where Motor Carrier Insurance Filings are necessary we will require the attached form to be completed and returned when confirming order, to enable LeBeouf to handle the relevant filings through Equity Partners Insurance Services, Inc. c/o THB in London.



MOTOR TRUCK CARGO INSURANCE – INDICATION FORM

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- 1) Insured's full name: _____
 - 2) Policy Period: _____ To _____
 - 3) Is the present insurance being cancelled or non-renewed?
 No Yes – Describe: _____
 - 4) Years in Business: _____
 - 5) Insured's Mailing Address: _____
_____, _____
 - 6) Terminal Address: _____
_____, _____
 - 7) Average value per load \$ _____ Maximum value per load \$ _____
 - 8) Limits Required: \$ _____ any one truck / \$ _____ any one loss
If limit is greater than maximum per load give reason _____
 - 9) Deductible \$ _____
 - 10) Target Premium/Rate: _____ Last years premium \$ _____
 - 11) Cargo(es) carried (advise % Split if more than one commodity) _____
 - 12) ICC Filings Required Yes No FHWA Docket Number _____
 - 13) Radius of use: _____
 - 14) Number of power units: _____ Number of trailers _____
 - 15) Gross receipts last year \$ _____ Estimated this year \$ _____
 - 16) Driver details _____
 - 17) Any other relevant information including (safety programs / protections/ overnight exposure):



MOTOR TRUCK CARGO PROPOSAL FORM
For use with Broad Form (15) & Named Peril Form

Use space on last page or attach an extra sheet if there is insufficient room for answers

1. First Named Insured: _____
 DBA Name: _____
 Years in Business: _____
 Mailing Address: _____, _____, _____
 ICC Docket No. MC: _____

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. The following interests are **excluded** under the basic policy form, but can normally be covered at additional premium if requested. Please circle any you wish to be covered, and include details of such exposures in answer to question 8: Accounts, bills, debts, evidence of debt, letters of credit, passports, documents, railroad or other tickets, notes, money, securities, currency, bullion, precious stones, jewelry &/or other similar valuable articles, paintings, statuary and other works of art, manuscripts, mechanical drawings, live animals, tobacco, cigars, cigarettes, non-ferrous metal in scrap or ingot form, furs, alcohol, liquor, beer, wine, garments (*defined as: 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 consumer and commercial electrical appliances and instruments including but not limited to radios, stereos, televisions, computers, computer software, hard drives, chips, modems, monitors, cameras, facsimile machines, photocopiers, VCRs, hi-fis, CD players and the like. Note: Heavy electrical items, such as switchgear, turbines, generators and the like are NOT considered to be electronics*).

7. Form of cover required: Broad Form / incl Reefer Breakdown ?
 Named Peril Form



8. List by category and percentage of the total loads shipped:

Type of cargo	Ave. Value per load	Max. Value per load	% of total loads
Machinery	_____	_____	_____
Tobacco	_____	_____	_____
Produce	_____	_____	_____
Chilled Food	_____	_____	_____
Frozen Food	_____	_____	_____
Building Materials	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

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

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

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

Percentage of hauls by distance: _____% 1-250 miles / _____% 251-1000 miles / _____% 1001+ miles

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	_____	Flat bed trailers	_____
Tank trucks	_____	Tank trailers	_____
Other power units	_____	Other trailers	_____
Total number of power units	_____	Total number of trailers	_____

14. Please give power unit vehicle identification numbers if scheduled vehicle policy required:

1	_____	6	_____
2	_____	7	_____
3	_____	8	_____
4	_____	9	_____
5	_____	10	_____



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: _____

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, on an All Risks / Broad Form basis, 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: _____

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 _____



LeBoeuf, Lamb, Greene & MacRae, L.L.P.
 1875 Connecticut Avenue, N.W. • Washington, DC 20009
REQUEST FOR MOTOR CARRIER INSURANCE FILINGS

POLICYHOLDER

Name: _____
 Address: _____

FHWA Docket Number (if applicable) _____ Lloyd's Policy Number _____

Policy Inception Date (MO/DAY/YR): _____ Policy Expiration Date (MO/DAY/YR): _____

FILINGS REQUIRED

FHWA

- | | | | | | |
|--|--|--|------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> FL ... | <input type="checkbox"/> ME ... | <input type="checkbox"/> NV• | <input type="checkbox"/> OR | <input type="checkbox"/> VA |
| <input type="checkbox"/> AK ... | <input type="checkbox"/> GA * | <input type="checkbox"/> MD ... | <input type="checkbox"/> NH* | <input type="checkbox"/> PA | <input type="checkbox"/> WA ... |
| <input type="checkbox"/> AZ ... | <input type="checkbox"/> ID ... | <input type="checkbox"/> MA * | <input type="checkbox"/> NJ• | <input type="checkbox"/> RI | <input type="checkbox"/> WV* |
| <input type="checkbox"/> AR ... | <input type="checkbox"/> IL | <input type="checkbox"/> MI * | <input type="checkbox"/> NM• | <input type="checkbox"/> SC | <input type="checkbox"/> WI ... |
| <input type="checkbox"/> CA * | <input type="checkbox"/> IN ... | <input type="checkbox"/> MN • | <input type="checkbox"/> NY* | <input type="checkbox"/> SD ... | <input type="checkbox"/> WY |
| <input type="checkbox"/> CO | <input type="checkbox"/> IA ... | <input type="checkbox"/> MS | <input type="checkbox"/> NC• | <input type="checkbox"/> TN | |
| <input type="checkbox"/> CT ... | <input type="checkbox"/> KS | <input type="checkbox"/> MO * | <input type="checkbox"/> ND | <input type="checkbox"/> TX• | |
| <input type="checkbox"/> DE ... | <input type="checkbox"/> KY* | <input type="checkbox"/> MT * | <input type="checkbox"/> OH* | <input type="checkbox"/> UT ... | |
| <input type="checkbox"/> DC ... | <input type="checkbox"/> LA ... | <input type="checkbox"/> NE * | <input type="checkbox"/> OK | <input type="checkbox"/> VT ... | |

State Filing Docket Number(s): State: _____ Docket No.: _____
 (if applicable) State: _____ Docket No.: _____

...THESE STATES NEVER REQUIRE FORM H CERTIFICATES FOR ANY MOTOR CARRIER (INTRA OR INTERSTATE).
 *These states ONLY require a Form H Certificate for INTRASTATE CARRIERS who haul HOUSEHOLD GOODS (HHG).
 •In these states, Form H Certificates are required only for INTRASTATE CARRIERS who have one or more of the following types of authority: passenger, HHG, towing, public mover, warehouseman, petroleum carrier, or armored car.

(3) Policy coverage is for (check one): All vehicles owned, operated or leased by the insured **OR** Vehicles described below:

AMERICAN BROKER

Equity Partners Insurance Services, Inc.
 Name _____
 1778 Orleans Street Mandeville, La 70448
 Address _____
 (985) 727-4188 (985) 727-4178 Brian D. Silva
 Phone Number Fax Number Contact Person

LLOYD'S BROKER

(Complete if requesting broker is U.S. Coverholder)

Thompson, Heath & Bond
Lloyd's Broker

I certify that below-named Lead Underwriter at Lloyd's has requested LeBoeuf, Lamb, Greene & MacRae, L.L.P. to undertake these filings with the ICC and/or relevant state/Canadian authorities. I further certify that (a) Certificate(s) of Cargo Liability Insurance is/are required to be filed with the ICC and/or relevant state/Canadian authorities.

LEAD U/W /SYNDICATE NAME & NO.

Signature of Lloyd's Broker (or U.S. Approved Coverholder)