

Intact Insurance Company

Transportation Coverage – Owned Goods Application Form

If you are a manufacturer, wholesaler, or other medium-sized business that regularly transports your own goods using your own vehicles, or if you hire common carriers (motor, rail or air) to transport your goods, our Transportation Coverage will provide you with comprehensive coverage at a competitive price. The goods being transported can be either incoming and/or outgoing shipments. Your business will be well established, showcasing strong financials and operational process, including excellent operational controls to ensure proper completion of bills of lading or other detailed written shipping contracts or agreements. If you deliver your own goods, you will demonstrate excellence in fleet and equipment maintenance as well as disciplined driver controls.

Broker:					Broker No.:	
Telephone:			E Mail			
			BASIC INFO	RMATION		
Full Name of A	pplicant:					
Full Name of P	rincipal(s):					
Postal Address Code):	(including F	Postal				
In business since:			Any management, ownership or operation changes in the last five years?			Yes 🗌 No 🔲
Applicant has been at this same location			Is applicant a Limited (incorporated) company?		Yes 🗌 No 🗍	
since						
Current Insurer	:		Policy No.:		Expiry Date	
Expiring Premi	um		Current Deductible			
Previous insura					s, full details:	
			ur office?Yes 🗌 No			
If Yes, how long						
			go or transportation of			
If yes, provide full details including date, type of loss, amount paid and outstanding:Date of LossCargo InvolvedCause of LossTotal paidDeduction				Deductible		
Date of Loss	Oargo mvo	iveu			i olai palu	Applied
		DES	CRIPTION OF GOOI	DS TO BE COVER	ED	



DETAILS OF SHIPMENT					
	Annual Value of	Estimated Annual	Maximum	Limit of	
Method of Shipment	Goods Shipped	Value of Goods to	Amount any one	e Insurance	
	during past 12	be Shipped during	shipment	Required	
	months	next 12 months			
Railroads, Railway Express,					
Freight Forwarders					
Motor Truck Carriers					
Owned or Leased Vehicles					
Air					
Other					
What Valuation will be decla	ared on shipments made	by?			
Rail					
Motor Truck					
Owned or Leased					
Vehicles					
Air					
Other					
List the names of all carrier	s used.				
	SES HIS OWN TRUCKS T	O TRANSPORT COOD		ЕТЕ ТНЕ	
II THE AFFEICANT O		NG SECTION:			
Vehicles: Power units (tract					
	umber of Units	Insured's O	wn Units S	ub-contracted	
				ase Operators	
Tractors					
Straight Trucks (Oper	n)				
Van Trucks (Dry)					
Van Trucks (Refrigera	ated)				
Other Power Units					
Describe:					
Does the applicant operate any vehicles for which cargo insurance is not to be included under this policy?					
Yes No					
If Yes, please explain:					
<u> </u>					
Are all units equipped with:		Fire Futie suich and	V		
Alarms					
		Fire Extinguishers		es 🗌 No 🗌	
GPS Tracking	Yes 🗌 No 🗌	Two Person Crews	Ye	es 🗌 No 🗌	
GPS Tracking Two Way Radios	Yes 🗌 No 🗍 Yes 🗌 No 🗌			es 🗌 No 🗌	
GPS Tracking	Yes 🗌 No 🗍 Yes 🗌 No 🗌	Two Person Crews	Ye	es 🗌 No 🗌	



List power units (attach a separate schedule if necessary):						
Unit #	Year Built	Make & Mode		Body Style	Serial No	Registered GVW
Trailers:						
			g trailers in Tandem?		Yes	No 🗌
	trailers does t		n? (Insert # of trailers t			
Dry Vans		Flat d			to Carriers	
Refrigerate			Liners	Tai	nkers	
	ers (Describe)					
		non-owned trai			Yes 🗌	No 🔄
			e applicant's possessi	ion at any one ti	me?	
Average Va	alue \$	Maximum	Value \$			
Unattended Loads: Are vehicles ever left unattended at terminals or elsewhere, including overnight? Yes No						
		ails of location(s	s), security & average/	maximum durati	ion.	
, , 			,,,,,		-	
DRIVER & SAFETY REQUIREMENTS						
What is the applicant's national safety code certification number?						
What is the minimum age of any driver?						
			nmercial trucking expe	i		
Number of employed:	drivers Fu	ıll time	Part time	Sub-Contracted	d/Lease Operators	
Does the applicant's driver selection process include:						
Road Test Yes No Pre-Employment Medical Yes No						
Reference	Yes 🗌 I		eview of Driver Abstra			
Checks	Yes 🗌 I	No 🗌 🛛 🛛 🛛 M	Iritten Application	Yes	🗌 No 🗌	
Mountain						
Experience						
Safety Pro		·				
Is there a full time safety supervisor? Yes No						
Is there a "no loss" bonus program? Yes No						
If yes, what percentages of drivers qualify for the bonus? %						
	Are written records of vehicle maintenance/condition maintained? Yes No					
How often are controlled inspections performed?						



REFRIGERATION BREAKDOWN SUPPLEMENT					
Please complete the following if any temperature controlled property is transported including containers.					
How many units/trailers are equipped with refrigerated units? Trailers Van Tru Other	ucks				
Who is responsible for the maintenance of the refrigeration units? Insured \Box	Third Party Contractor 🗌				
If a third party contractor, please confirm:					
Name of Contractor:					
Frequency of Servicing:					
Length of Contract:					
Refrigeration Unit Safety Features					
Indicator lights that alert the driver to failure of system?	Yes 🗌 No 🗌				
Are lights clearly visible to driver?	Yes 🗌 No 🗌				
Are all units equipped with temperature gauge?	Yes 🗌 No 🗌				
Are temperature gauges clearly visible to driver?	Yes 🗌 No 🗌				
How often are drivers required to check gauges and log records?					
Is a "Ryan's Chart" maintained on all Reefer Shipments	Yes 🗌 No 🗌				
Describe emergency procedures in the event of Refrigeration breakdown or problem?					

Applicant's Signature	Date:	
Print Name	Title	
Broker's Signature	Date:	
Print Name	Title	

Signing of this form does not bind the Applicant to complete the insurance.