

MOTOR TRUCK CARGO APPLICATION



An SWG Company

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977

DATE:

D	D	M	M	Y	Y
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Broker

Attn SWGS Broker Number

Name of Applicant

Name(s) of Principal(s)

Website Address

Contact Name (for inspections) Contact Phone Number

Mailing Address

Risk Address

Description of Operations

If additional space is needed to answer any questions, please use the blank page included with this form on page 3.

Year Business Started Number of years of experience

Existing Insurer Expiry Date

D	D	M	M	Y	Y
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 Policy Number

Will they Renew? Yes No

If No, give reason for non-renewal

Expiring Premium Limits Deductible

Terms & Conditions:

Has the Applicant been Cancelled/Declined Insurance? Yes No

If Yes, please attach details

Has the Applicant had any losses/claims for the last five (5) Years? Yes No

If Yes, please provide details, i.e. date, type of loss/claim, gross amount paid including defense costs and deductibles, amount of outstanding loss and steps taken to prevent reoccurrence?

Are you aware of any incidents that may result in a claim? Yes No

If Yes, please advise the details:

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Vehicles:

Manufacturer / Model	Serial No.	Year	Tonnage

(Attach Additional Sheet if necessary)

How many units are refrigerated? _____ Are they on a maintenance contract? Yes No
Number

Commodities Carried: (give % estimate of each commodity)

Commodity _____	Percentage _____
Commodity _____	Percentage _____
Commodity _____	Percentage _____
Commodity _____	Percentage _____

Limit any one vehicle: _____
Dollar Value

Limit any one occurrence: _____
Dollar Value

Average Value any one load: _____
Dollar Value

Maximum value any one load: _____
Dollar Value

Average distance hauled: _____
Kilometers

Maximum distance hauled _____
Kilometers

Please indicate if the insured is:

Common Carrier Yes No

Contract Carrier Yes No

Shipper of Owned Property Yes No

***** Attach copy of Applicant's Bill of Lading or standard contract *****

Annual Gross Receipts _____ Past 12 month
Dollar Value

_____ Estimated for next 12 months
Dollar Value

Are Provincial/State filings required? Yes No _____
List them

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Terminals:

Location	Maximum Values	Security

Does Applicant obtain MVRs on all drivers? Yes No If Yes, please provide copies of all MVRs

Is there a vehicle maintenance program in effect? Yes No

Are vehicles equipped with alarms? Yes No

Are vehicles left unlocked or unattended? Yes No

Are there any overage, shortage and/or damage claims pending? Yes No

If Yes, please describe:

Describe terminal(s) security/fire protection:

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Additional Information related to Application *(Extra Risk Locations, Mortgagees, etc.)*

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Application for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application for Insurance

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:

- a) gives false or erroneous information to the prejudice of the Insurer, or
- b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or

2. The Insured contravenes a term of the Contract or commits a fraud; or

3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to New Brunswick applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du Nouveau-Brunswickseulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

We Strive to Protect Your Personal Information

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

Your Privacy Choices

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

If You Need More Information

For more information about our privacy policies and procedures, please contact our Privacy Officer, at PrivacyOfficer@swgins.com

1815 Ironstone Manor
Pickering, Ontario
L1W 3W9
Tel: 905-428-1269
Fax: 905-428-3977

Our Privacy Policy and Commitment to Protecting Your Privacy

As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

How We Use and Disclose Your Information

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

What We Will NOT Do With Your Information

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

Print Name and Title

Signature of Applicant or Authorized Representative

DATE:

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Broker Survey

(Questions to be answered by the Broker)

1. Do you know the Applicant Personally? Yes No
If Yes, for how long?

2. Did you receive the order direct from the Applicant? Yes No
If No, from whom and why?

3. Do you handle other Insurance for the Applicant? Yes No
If yes, which coverages.

4. Do you recommend this risk in every respect? Yes No
If no, please explain

5. Is this risk a renewal to your Office? Yes No
If yes, how long have you placed the risk?

6. Are you licensed broker in the province wher the risk is located? Yes No

DATE: | D | D | M | M | Y | Y |

Broker's Signature _____