



TRANSPORTATION APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. Your Name:

Your Address:

2. Brief description of business:

3. Complete description of property to be insured:

4. Annual Sales: _____ Percentage of sales FOB: _____ %

5. Annual Value of all Shipments at your risk (interplant, incoming, outgoing):

Breakdown of Radius of Operation in Miles

Commodities Hauled	% of Loads	0 - 100	101 - 500	501 - 1000	over 1000	Annual Value (\$)	Maximum any one Shipment (\$)
Rail							
Public Truckmen							
Contract Truckmen							
Your Vehicles							
Air							
Waterborne (Coastwise, Gulf & River)							

6. Is any release of value given carriers? Yes No
 If so, give details:

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7. Do you transport property of others for remuneration? Yes No

8. List of locations to be Insured under this policy (Include construction details, complete address, including zip code; describe burglar/fire alarms, including Underwriters Laboratory Ctf. No., expiration date, grade and extent of protection, Central Station or local; Sprinkler Systems - Wet or Dry:

Location	Maximum Amount At Risk	Average Amount At Risk	Limit of Insurance Desired

9. Describe your vehicles:

Type of Vehicle	Number of Vehicles	
	Owned	Leased
Tractor		
Semi-Vans		
Semi-Flatdeck		
Tanker Trailers		
Reefers		
Hiabs/Cranes		
Other		

10. Does insured have a Safety Program? Yes No
 Is it mandatory? Yes No
 Does the insured adhere to National Safety Standards? Yes No

Please advise Safety/Protection Systems on Reefers to avoid Breakdown:

Back-up Systems?
If Yes, please explain:

Yes No

Who does inspection? _____

Is driver's history checked out?

Yes No

11. Present Insurer: _____

Expiry Date: _____

Expiring Premium: _____

12. Has insurance coverage ever been denied or cancelled?
If Yes, please explain:

Yes No

13. Loss Experience:

Number of Losses past 5 years

Date of Loss	Cause of Loss	Amount

This application does 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.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**