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MOTOR TRUCK CARGO APPLICATION

Date _____ Broker _____

Named of Applicant _____

Operating Name _____

Postal Address _____

Business is Common Carrier Private Carrier

Other (Please describe) _____

No. of years in Business _____

Radius of Operation: km Percentage Canada _____ Percentage USA _____

Canada 1-100 _____ % 101-500 _____ % 501-1000 _____ % Over 1000 _____ %

USA 1-100 _____ % 101-500 _____ % 501-1000 _____ % Over 1000 _____ %

Commodities	Goods Hauled	Percentage of Annual Receipts	Average Value Load	Max. Value Load

Total Annual Receipts _____

Carrying Vehicles in operation (to be scheduled in Policy)

Year	Make	Name & Model	Serial No.	Limits of Liability

<input type="checkbox"/> Edmonton	Watts: 866-443-1483	Fax: (780)-443-1486	<input type="checkbox"/> Sudbury	Watts: 800-461-2367	Fax: (705)-670-0292
<input type="checkbox"/> Etobicoke	Watts: 800-668-4275	Fax: (416)-620-5813	<input type="checkbox"/> Vancouver	Watts: 800-665-4500	Fax: (604) 681-5465
<input type="checkbox"/> Leamington	Watts: 800-265-5319	Fax: (519)-326-5422	<input type="checkbox"/> Winnipeg	Watts: 888-846-7841	Fax: (204) 989-1377
<input type="checkbox"/> London	Watts: 800-265-7659	Fax: (519)-668-3248			

Coverage Motor Truck Cargo (Carrier's Liability)

Deductible \$1,000.00 (any one loss)

Extensions Reefer Breakdown Extension Yes No

Subject to 1) vehicle equipped with operating signal device
2) vehicle shall not be left unattended for more than 8 hours at any one time
3) Deductible \$2,000

Terminal Location Extension Yes No

Address _____

Limits of Liability _____

Filing Required

- | | | | | |
|--------|---|---------------------------------------|--|---------------------------------|
| Canada | <input type="checkbox"/> Ontario | <input type="checkbox"/> Quebec | <input type="checkbox"/> New Brunswick | <input type="checkbox"/> P.E.I. |
| | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Yukon |
| | <input type="checkbox"/> Alberta | <input type="checkbox"/> Manitoba | <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> N.W.T. |

U.S.A. ICC Docket No: MC Other States (please specify)

Name of Previous Insurer _____

Loss Details of Last 3 Years _____

Date

Signature of Applicant

Date

Signature of Broker