

A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.

MOTOR TRUCK CARGO LEGAL LIABILITY APPLICATION

1. Name Of Applicant: _____

2. Address: _____

3. Number of years in business: _____

4. Vehicles:	Manufacturer / Model	Serial No.	Year	Tonnage
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

(attach additional sheet if necessary)

4.A. How many units are refrigerated? _____
Are they on a maintenance contract? _____

5. Commodities carried (give % estimates of each commodity).

6. Limit any one vehicle: _____

Limit any one occurrence: _____

Average Value any one load: _____

Maximum value any one load: _____

7. Average distance hauled: _____

Maximum distance hauled: _____

8. Please indicate if the Insured is a: _____ Common carrier
_____ Contract carrier
_____ Shipper of owned property

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

9. Annual Gross Receipts: _____ Past 12 months
_____ Estimated for next 12 months

10. Are Provincial/State filings required? List them _____

11. TERMINALS:	LOCATION	MAXIMUM VALUES	SECURITY

12. Loss record for the past 5 years – include date, cause of loss, dollar amount of each claim and indicate whether loss is net of deductible. (attach separate sheet if necessary)

13. Current coverage:
Broad Form _____ Named Perils _____ Incl. Theft _____
Deductible _____ Present Insurer _____ Premium _____
Will they renew? Yes No
If no, give reason for non-renewal _____

14. General: Does Applicant obtain MVRs on all drivers? _____
If yes, please provide copies of all MVRs.

Is there a vehicle maintenance programme in effect? _____

Are vehicles equipped with alarms? _____

Are vehicles left unlocked or unattended? _____

Are there any overage, shortage and damage claims pending? _____
If yes, please describe _____

Describe terminal security's fire protection _____

15. Has the Applicant ever had MTC coverage cancelled? _____
If yes, advise reason _____

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 Quebec 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 Québec seulement):

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.

Our Privacy Policy and Commitment to Protecting Your Privacy

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. 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:

1. Communicate with you.
2. Assess your application for insurance including underwriting and pricing your policies.
3. Evaluate claims.
4. Detect and prevent fraud.
5. Analyze business results.
6. 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.

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

AMF-Motor Truck Cargo Legal Liab App (Rev07Jul03)

For more information about our privacy policies and procedures, please contact our Privacy Officer, Anthony Fredericks at:

A.M. Fredericks Underwriting Management Ltd.
201-339 Westney Rd. S.
Ajax, Ontario
L1S 7J6
Tel: 905-428-1269 Ext 109
Fax: 905-428-3977

Our Insurers privacy contacts are as follows:

Privacy Officer Temple Insurance Company Munich Re Centre 390 Bay Street, 22 nd Floor Toronto, Ontario M5H 2Y2 Tel No: 416-366-9206 or 1-800-444-5321 Fax No.: 416-361-1163	Director of Compliance Echelon General Insurance Company 1550 Enterprise Road, Suite 310 Mississauga, Ontario L4W 4P4 Tel No: 905-564-9215 Ext. 7912 Fax No: 905-565-7992
Corporate Compliance Officer Kingsway General Insurance Company 5310 Explorer Drive, Suite 200 Mississauga, Ontario L4W 5H8 Tel No: 905-629-7888 Ext. 8843 Fax No: 905-629-5008	Privacy Officer The Economical Insurance Group 20 York Mills Road, Suite 500 North York, Ontario M2P 2C2 Tel No: 1-800-265-9996 Ext. 8582 Fax No: 416-733-2873
Privacy Officer AXA Insurance (Canada) 5700 Yonge Street, Ste 1400 North York, Ontario M2M 4K2 Tel No: 1-800-268-0008 Fax No: 416-218-5715	

Applicant acknowledges receipt of and agrees to the Privacy Disclosure and Consent provisions contained in this form.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

Signature of Applicant or Authorized Representative

Print Name and Title

Date

QUESTIONS TO BE ANSWERED BY BROKER

1. **Do you know the Applicant personally?** _____
If so, for how long? _____
2. **Did you receive the order direct from the Applicant?** _____
If no, from whom and why?
3. **Do you handle other Insurance for Applicant?** _____
4. **Do you recommend this risk in every respect?** _____
5. **Is this risk a renewal to your Office? Yes** ____ **No** ____
If so, how long have you placed insurance on this risk? _____

DATE: _____

BROKER'S SIGNATURE: _____