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LIABILITY APPLICATION - TRUCKING

NEW AND RENEWAL POLICIES

LOG # _____

INSURED NAME: _____

OWNER: _____

MAILING ADDRESS: _____

OWNED / OPERATED - CONTROLLED TERMINAL LOCATIONS: _____

NUMBER OWNED TRUCKS: _____

NUMBER OF YEARS IN BUSINESS: _____

CURRENT INSURER: _____

ARE DANGEROUS GOODS HAULED ?- IF SO WHAT, HOW OFTEN AND WHERE: _____

ESTIMATED GROSS RECEIPTS NEXT 12 MONTHS: _____

ACTUAL RECEIPTS FOR LAST 12 MONTHS: _____

LIABILITY CLAIMS 5 YEARS (DETAILS IF ANY): _____

DOES INSURED OWN / RENT / LEASE PROPERTY IN THE USA? _____

DOES THE INSURED EMPLOY ANY PERSON IN THE USA? _____

WHAT JURISDICTIONS DOES THE INSURED OPERATE IN? _____

Broker's Signature:

Producer's Signature

_____/_____

DATE: _____