

INSURANCE/FINANCIAL ADVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

QUOTE No.: \_\_\_\_\_

APPLICANT'S FULL NAME AND POSTAL ADDRESS: \_\_\_\_\_

PREFERRED LANGUAGE:  ENGLISH  FRENCH

POLICY EFFECTIVE DATE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

NAMES OF PRINCIPALS/OWNERS: \_\_\_\_\_

CONTACT NAME FOR INSPECTION: \_\_\_\_\_ POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

DESCRIPTION OF ALL BUSINESS OPERATIONS: \_\_\_\_\_

BUSINESS START DATE: \_\_\_\_\_ RELATED PRIOR EXPERIENCE: NUMBER OF YEARS: \_\_\_\_\_

**BUSINESS TYPE:**

ARTISAN AVERAGE NUMBER OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY: \_\_\_\_\_

IS THE VEHICLE ALSO USED FOR PLEASURE?  YES  NO WHAT PERCENTAGE: \_\_\_\_\_%

GENERAL CONTRACTOR

COURIER SERVICE  DELIVERY, WHOLESALE  DELIVERY, RETAIL  ROAD CONSTRUCTION

GENERAL CONTRACTOR  FARMER  TAXI/ LIMO  PICK UP CUSTOMER GOODS

TOWING SERVICE  BUS SERVICE  PUBLIC VEHICLES  LEASING TO OTHERS

COMMON CARRIER  PRIVATE CARRIER  DRIVING SCHOOL

CONTRACT CARRIER, WITH WHOM: \_\_\_\_\_

OTHER: \_\_\_\_\_

PROVINCIAL CARRIER PROFILE#: \_\_\_\_\_ U.S. DOT #: \_\_\_\_\_

**POLICY HISTORY:**

NAME OF PREVIOUS INSURER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ EXPIRING OR RENEWAL PREMIUM: \_\_\_\_\_

HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW ANY COMMERCIAL INSURANCE TO THE APPLICANT IN THE PAST 5 YEARS?  YES  NO IF YES, PROVIDE DETAILS BELOW:

INSURER: \_\_\_\_\_ REASON: \_\_\_\_\_

**LOSS HISTORY:**

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS?  YES  NO IF YES, PROVIDE DETAILS BELOW:

LOSS DATE	AMOUNT PAID	DETAILS	COVERAGE	DRIVER NAME

**DETAILS OF COMMODITIES CARRIED:**

Commodities Hauled	% of Loads	Average Load Value	Maximum Load Value	% of loads that reach maximum value	% of Gross Receipts
Appliances					
Auto Parts / Accessories					
Beer / Liquor					
Cameras / Scientific Instruments					
Electronics (Home entertainment)					
Furs / Pelts					
Meat / Seafood					
Logs / Chips / Pulpwood					
Office Equipment					
Pharmaceuticals / Drugs					
Textiles / Clothing					
Tobacco Products					
Tools					
Dangerous / Hazardous Goods					
Other: Specify _____					

**RADIUS OF OPERATION:**

IN CANADA	DESTINATION	% OF TRIPS	# OF DAYS PER MONTH	IN U.S.A. FROM THE BORDER	DESTINATION	% OF TRIPS	# OF DAYS PER MONTH
0 – 80 KM				0 – 80 KM			
81 – 160 KM				81 – 160 KM			
161 – 250 KM				161 – 250 KM			
251 – 500 KM				251 – 500 KM			
501 – 1,000 KM				501 – 1,000 KM			
OVER 1,000 KM				OVER 1,000 KM			

**VEHICLE DETAIL<sup>1</sup>:**

ARE ANY VEHICLES LEASED OR RENTED TO OTHERS:  NO  YES

Give Details: \_\_\_\_\_

ARE TRAILERS INTERCHANGED WITH OTHER CARRIERS?  NO  YES

Give Details: \_\_\_\_\_

ARE VEHICLES MODIFIED IN ANY WAY?  NO  YES

Give Details: (e.g. custom paint, signs, body kits, etc.) \_\_\_\_\_

IS THERE ANY EQUIPMENT PERMANENTLY ATTACHED ON ANY VEHICLES?  NO  YES

Description of Equipment and Values: \_\_\_\_\_

ARE VEHICLES EQUIPPED WITH SPEED REGULATORS?  NO  YES

DOES THE INSURED HAUL ANY NON-OWNED TRAILERS?  NO  YES

Is Endorsement 27/27B coverage required? \_\_\_\_\_

Maximum number of vehicles in your care at any one time. \_\_\_\_\_ Maximum Vehicle Value: \$ \_\_\_\_\_

ARE OWNER OPERATORS OR BROKER DRIVERS EMPLOYED?  NO  YES – What Percentage? \_\_\_\_\_%

ARE TRAILER TRAINS USED?  NO  YES – Give Details: \_\_\_\_\_

DO ANY VEHICLES REQUIRE PLACARDING?  NO  YES – Please attach details. UN / ID # \_\_\_\_\_

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**DRIVER DETAIL<sup>2</sup>:**

1. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS:       NO    YES
  2. TESTED ON EQUIPMENT TO BE OPERATED?               NO    YES
  3. EXAMINED ON JOB/TRAFFIC SAFETY KNOWLEDGE:       NO    YES
  4. OPERATING RECORDS (MVRS) CHECKED?               NO    YES      AT WHAT INTERVALS? \_\_\_\_\_
  5. DO YOU HAVE A MINIMUM AGE OF DRIVERS?           NO    YES      AGE: \_\_\_\_\_
  6. WHAT ARE THE MAXIMUM HOURS DRIVERS ARE ON DUTY? \_\_\_\_\_
  7. ARE DRIVERS PAID BY:    HOUR    WEEK    TRIP    OTHER: \_\_\_\_\_
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**SAFETY/LOSS CONTROL DETAIL:**

1. IS A SAFETY SUPERVISOR EMPLOYED?                       NO    YES    FULL TIME    PART TIME  
NAME OF SAFETY SUPERVISOR: \_\_\_\_\_      NUMBER OF YEARS IN THIS POSITION: \_\_\_\_\_
  2. IS THERE A LOSS CONTROL PROGRAM IN PLACE?           NO    YES      PROVIDE DETAILS: \_\_\_\_\_
  3. LIST THE SAFETY/INDUSTRY ASSOCIATIONS TO WHICH THE APPLICANT IS A MEMBER: \_\_\_\_\_
  4. DO THE DRIVERS RECEIVE RECOGNITION FOR SAFE DRIVING?       NO    YES  
PROVIDE DETAILS: \_\_\_\_\_
  5. ARE LOSSES REVIEWED?    NO    YES  
BY WHOM: \_\_\_\_\_      WHEN: \_\_\_\_\_
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**EQUIPMENT AND PREMISES DETAILS:**

1. IS THERE A MAINTENANCE SUPERVISOR EMPLOYED?       NO    YES
  2. ARE REPAIRS MADE BY A:    DEALERSHIP       LICENSED GARAGE  
    INDIVIDUAL – licensed mechanic?       OTHER: \_\_\_\_\_
  3. IS THERE AN EQUIPMENT/VEHICLE MAINTENANCE PROGRAM?       NO    YES  
IF YES, GIVE DETAILS: \_\_\_\_\_
  4. NUMBER OF VEHICLES GARAGED? \_\_\_\_\_      APPROXIMATE TOTAL VALUE: \$ \_\_\_\_\_      MAX: \$ \_\_\_\_\_
  5. NUMBER OF VEHICLES ON OPEN LOT? \_\_\_\_\_      APPROXIMATE TOTAL VALUE: \$ \_\_\_\_\_      MAX: \$ \_\_\_\_\_
  6. ARE OPEN LOT PREMISES FENCED AND LOCKED DURING NON-BUSINESS HOURS?       NO    YES  
ARE VEHICLES TAKEN HOME BY EMPLOYEES?    NO    YES      IF YES, GIVE DETAILS: \_\_\_\_\_  
IF YOU ARE A CONTRACTOR, NUMBER OF SITES VISITED IN AN AVERAGE WORKDAY? \_\_\_\_\_
  7. ARE PREMISES SECURED BY:    POLICE PATROLS    WATCHMAN    ALARM  
OTHER: \_\_\_\_\_  
ANY VEHICLES EQUIPPED WITH ANTI-THEFT DEVICES? GIVE DETAILS: \_\_\_\_\_
  8. ANY VEHICLES EQUIPPED WITH ELECTRONIC EQUIPMENT? GIVE DETAILS: \_\_\_\_\_
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