



# COMMERCIAL TRUCK FLEET INSURANCE APPLICATION

Canal Insurance     Canal Indemnity    Proposed Effective Date: \_\_\_\_\_    Expiration Date: \_\_\_\_\_  
 New Policy No: \_\_\_\_\_     Renewal Policy No: \_\_\_\_\_    Date Quote is needed: \_\_\_\_\_

## GENERAL INFORMATION

|  |                           |  |                             |
|--|---------------------------|--|-----------------------------|
| <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation<br><input type="checkbox"/> Other _____ |                           | General Agency: Name _____ Code _____<br>Producing Agency: Name _____ Code _____ |                             |
| Applicant Name   |                           | Company Name (DBA) (if any)  |                             |
| Phone #  | Cell Phone #              | US DOT #   | Federal ID #                |
| Location of the Business or Physical Address, if different   |                           | City   | State                       |
| Location is: <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits  |                           | Company Website  |                             |
| Mailing Address  |                           | City   | State                       |
| Safety Director  | Safety Director Phone #   | Operations Director Name   | Operations Director Phone # |
| Safety Director Email Address  | Years in Current Position | Operations Director Email Address  | Years in Current Position   |
| Safety Director Address  |                           | Operations Director Address  |                             |

**FOR VIRGINIA APPLICANTS ONLY: Read your policy. The policy of insurance for which this application is being made, if issued, may be cancelled without cause at the option of the insurer at any time in the first 60 days during which it is in effect and at any time thereafter for reasons stated in the policy.**

**MARYLAND NOTICE OF UNDERWRITING PERIOD ADVISORY NOTICE TO POLICYHOLDERS: We are notifying you that the policy you have just agreed to purchase is subject to a 45 day underwriting period beginning on the effective date of your coverage. Your coverage may be cancelled during the underwriting period if your risk does not meet our underwriting standards. If we decide to cancel the policy, we will send you a written notice of cancellation advising you of the reason(s) for the cancellation and the date on which your policy will be cancelled. Your premium may be recalculated during the underwriting period due to discovery of a material risk factor. If we recalculate the premium, we will send you a written notice of recalculation of premium advising you of the amount of and reason for the recalculated premium.**

**FOR SOUTH CAROLINA APPLICANTS ONLY: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

## OWNER / PRINCIPAL / PRESIDENT

|              |                |
|--------------|----------------|
| Name         | Title          |
| Home Address |                |
| Apt #        |                |
| City         | State          |
| Zip          | Business Phone |

## DESCRIPTION OF OPERATIONS

|                |   |  |  |  |   |
|----------------|---|--|--|--|---|
| Business Class | <input type="checkbox"/> Trucking For Hire – Exempt | <input type="checkbox"/> Trucking for Hire – Nonexempt | <input type="checkbox"/> Manufacturer          | <input type="checkbox"/> Retailer          | <input type="checkbox"/> Agriculture              |
|                | <input type="checkbox"/> Mining                     | <input type="checkbox"/> Wholesale Distributer         | <input type="checkbox"/> Service               | <input type="checkbox"/> Construction      | <input type="checkbox"/> Forestry                 |
| Operations     | <input type="checkbox"/> Auto – Boat Haulers        | <input type="checkbox"/> Commercial Use – Truck        | <input type="checkbox"/> Container/Intermodal  | <input type="checkbox"/> Contractors       | <input type="checkbox"/> Courier/Specialized Del. |
|                | <input type="checkbox"/> Drive-away                 | <input type="checkbox"/> Dry Bulk/Farm Products        | <input type="checkbox"/> Dry Van/Box           | <input type="checkbox"/> Dry Van – Doubles | <input type="checkbox"/> Dump                     |
|                | <input type="checkbox"/> Dump-Coal                  | <input type="checkbox"/> Flatbed                       | <input type="checkbox"/> Livestock             | <input type="checkbox"/> Log or Pulp       | <input type="checkbox"/> Mobile Home              |
|                | <input type="checkbox"/> Non-Trucking               | <input type="checkbox"/> Refrigerated                  | <input type="checkbox"/> PPT – Corporate Owned | <input type="checkbox"/> Service Truck     | <input type="checkbox"/> Special Type Operations  |
|                | <input type="checkbox"/> Tanker-Fuel                | <input type="checkbox"/> Tanker – Liquids/Comp. Gases  | <input type="checkbox"/> Towing & Recovery     | <input type="checkbox"/> Waste/Garbage     | <input type="checkbox"/> Other _____              |

|  |  |
|--|--|
| <b>Range of Transport:</b> <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate | <b>Brokerage:</b> Do you have Brokerage Authority? _____    Under the same name? _____<br>Do you broker both exempt & non-exempt loads? ____    If yes, % of brokerage under same name ____% |
|--|--|

|  |
|--|
| <b>Percent of Loads:</b><br>(Local) 0 – 150 Miles _____    (Intermediate) 151 – 300 Miles _____    (Long Haul) 301 – 500 Miles _____    (Long Haul) 501 Miles + _____<br>Longest Trip One Way _____ Miles    Annual Miles Driven _____ Miles |
|--|



# COMMERCIAL TRUCK FLEET INSURANCE APPLICATION

### LIST CITY DESTINATIONS BELOW

|  |   |   |   |
|--|---|---|---|
| 1.   | 2.  | 3.  | 4.  |
| <b>OPERATIONS BEYOND 300 MILES RADIUS: Identify Metropolitan Areas Traveled Through Or Into</b>  |   |   |   |
| <input type="checkbox"/> Atlanta<br><input type="checkbox"/> Balt-Washington<br><input type="checkbox"/> Boston<br><input type="checkbox"/> Buffalo<br><input type="checkbox"/> Charlotte<br><input type="checkbox"/> Chicago<br><input type="checkbox"/> Cincinnati<br><input type="checkbox"/> Alabama, Mississippi, Louisiana | <input type="checkbox"/> Cleveland<br><input type="checkbox"/> Dallas/Ft Worth<br><input type="checkbox"/> Denver<br><input type="checkbox"/> Detroit<br><input type="checkbox"/> Hartford<br><input type="checkbox"/> Houston<br><input type="checkbox"/> Indianapolis<br><input type="checkbox"/> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont | <input type="checkbox"/> Jacksonville<br><input type="checkbox"/> Kansas City<br><input type="checkbox"/> Little Rock<br><input type="checkbox"/> Los Angeles<br><input type="checkbox"/> Louisville<br><input type="checkbox"/> Memphis<br><input type="checkbox"/> Miami<br><input type="checkbox"/> Delaware, Maryland, New York, New Jersey, Pennsylvania | <input type="checkbox"/> Milwaukee<br><input type="checkbox"/> Mpls./St Paul<br><input type="checkbox"/> Nashville<br><input type="checkbox"/> New Orleans<br><input type="checkbox"/> New York City<br><input type="checkbox"/> Oklahoma City<br><input type="checkbox"/> Omaha<br><input type="checkbox"/> Orlando<br><input type="checkbox"/> Philadelphia<br><input type="checkbox"/> Phoenix<br><input type="checkbox"/> Pittsburgh<br><input type="checkbox"/> Portland, OR<br><input type="checkbox"/> Richmond<br><input type="checkbox"/> St. Louis<br><input type="checkbox"/> Florida, Georgia, North Carolina, South Carolina, Virginia |
| Cities other than above or regular routes _____  |   |   |   |

### COMMODITIES TRANSPORTED

Top Customers:  
 1. \_\_\_\_\_ % Load      2. \_\_\_\_\_ % Load      3. \_\_\_\_\_ % Load

| Commodity | % of Loads | Maximum Value | Commodity | % of Loads | Maximum Value |
|-----------|------------|---------------|-----------|------------|---------------|
|           |            |               |           |            |               |
|           |            |               |           |            |               |
|           |            |               |           |            |               |

Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss?  
 If yes, attach a copy of the contract.

### SCHEDULE OF EQUIPMENT OPERATED

| TYPE            | Owned | Leased w/o Drivers | Owner Operators | Local (0-150) | Intermediate (151-300) | Long Haul (301+ miles) | TOTAL UNITS |
|-----------------|-------|--------------------|-----------------|---------------|------------------------|------------------------|-------------|
| Auto or Service |       |                    |                 |               |                        |                        |             |
| Light Trucks    |       |                    |                 |               |                        |                        |             |
| Medium Trucks   |       |                    |                 |               |                        |                        |             |
| Heavy Trucks    |       |                    |                 |               |                        |                        |             |
| Tractors        |       |                    |                 |               |                        |                        |             |
| Semi-Trailers   |       |                    |                 |               |                        |                        |             |

### REPORTING OPTION – UNITS, REVENUE OR MILEAGE (Actual and Estimated)

|                       | Period | Units | Revenue | Mileage |
|-----------------------|--------|-------|---------|---------|
| Projected             |        |       |         |         |
| Current               |        |       |         |         |
| 1 <sup>st</sup> Prior |        |       |         |         |
| 2 <sup>nd</sup> Prior |        |       |         |         |
| 3 <sup>rd</sup> Prior |        |       |         |         |
| 4 <sup>th</sup> Prior |        |       |         |         |

### PAYMENT OPTIONS

Annual Policy:       Full Payment to Company       Company Payment Plan      \_\_\_\_\_ % Down payment      \_\_\_\_\_ # of installments

Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)

Continuous Until Cancelled Policy (Escrow deposit and monthly billing will be required.)      \_\_\_\_\_ % Deposit

### FILINGS

| Filings Requested  | MC # / Cert. # | Applicant's Name and Address Exactly As It Appears On Each Permit |
|--|----------------|---|
| <input type="checkbox"/> Liability BMC 91X                     |                |   |
| <input type="checkbox"/> Liability – Form E      _____ State   |                |   |
| <input type="checkbox"/> Oversized/Overweight      _____ State |                |   |
| <input type="checkbox"/> Hazardous      _____ State            |                |   |
| <input type="checkbox"/> Intermodal                            |                |   |
| <input type="checkbox"/> Cargo – Form H      _____ State       |                |   |
| <input type="checkbox"/> DMV      _____ State                  |                |   |
| <input type="checkbox"/> SR 22 – If yes explain                |                |   |
| <input type="checkbox"/> Other _____                           |                |   |

Please note: The FMCSA and/or state agencies require a minimum 36 day notice of cancellation on all policies that have a MCS-90 or other filings.



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| CURRENT CARRIER                     |                             |
|-------------------------------------|-----------------------------|
| Current Carrier Name _____          | Policy Number _____         |
| Policy Limits _____                 | Policy Dates _____ TO _____ |
| Policy Deductible BI _____          | PD _____                    |
| Current Rate / Exposure Basis _____ |                             |

| CERTIFICATE OF INSURANCE |                       |
|--------------------------|-----------------------|
| NAME _____               | MAILING ADDRESS _____ |
|                          |                       |
|                          |                       |

| SUMMARY OF EQUIPMENT VALUES |                       |                      |                      |
|-----------------------------|-----------------------|----------------------|----------------------|
| Total Fleet Value           | # of Units            | Average Value        |                      |
| Total Tractor Value         | # of Units            | Average Value        |                      |
| Total Trailer Value         | # of Units            | Average Value        |                      |
| Highest Tractor Value       | Highest Trailer Value | Lowest Tractor Value | Lowest Trailer Value |

| LIENHOLDER AND/OR PAYEE INFORMATION |      |         |
|-------------------------------------|------|---------|
| UNIT #                              | NAME | ADDRESS |
| 1                                   |      |         |
| 2                                   |      |         |
| 3                                   |      |         |
| NON-OWNED TRAILERS                  |      |         |
| 1                                   |      |         |
| 2                                   |      |         |
| 3                                   |      |         |

| QUESTIONNAIRE  |                          |   |         |                      |  |  |  |  |  |  |  |  |  |  |
|--|--------------------------|---|---------|----------------------|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/>   | <input type="checkbox"/> | 1. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.   |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 2. Is all owned equipment scheduled on this application? If no, attach explanation  |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 3. Do you lease your vehicles to others? If yes, who must provide liability coverage? <input type="checkbox"/> You <input type="checkbox"/> Lessee  |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 4. Do you hire other motor carriers or owner-operators to haul for you?<br><b>If yes, complete question below, complete Hired Autos Application Supplement and attach copy of lease agreement.</b> If no, skip to question #5.  |         |                      |  |  |  |  |  |  |  |  |  |  |
| A. On what basis are they leased?  |                          | <b>Permanent Basis</b> <b>Temporary/Trip Basis</b>  |         |                      |  |  |  |  |  |  |  |  |  |  |
| B. Provide annual cost of hire or # of trips   |                          | _____   |         |                      |  |  |  |  |  |  |  |  |  |  |
| C. Are vehicles leased with driver?  |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |                      |  |  |  |  |  |  |  |  |  |  |
| D. Are leased vehicles included in this application for insurance?   |                          |   |         |                      |  |  |  |  |  |  |  |  |  |  |
| (1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?  |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |                      |  |  |  |  |  |  |  |  |  |  |
| (2) If no:   |                          |   |         |                      |  |  |  |  |  |  |  |  |  |  |
| a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?   |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |                      |  |  |  |  |  |  |  |  |  |  |
| b. Limit of Liability required   |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |                      |  |  |  |  |  |  |  |  |  |  |
| c. Do you secure evidence the lessor has primary auto liability coverage?  |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |                      |  |  |  |  |  |  |  |  |  |  |
| d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?   |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 5. Do you pull doubles?   |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 6. Do you haul intermodal containers?   |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 7. Is any portion of your operation seasonal? If yes, explain. _____  |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 8. Do you use any team, hot seat, slip seating or relay driver operations?  |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 9. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.  |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 10. Do you operate more than one terminal? If yes, provide the following  |         |                      |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">LOCATION(S)</th> <th style="width: 25%;"># UNITS</th> <th style="width: 50%;">ADDRESS, CITY, STATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> |                          | LOCATION(S)   | # UNITS | ADDRESS, CITY, STATE |  |  |  |  |  |  |  |  |  |  |
| LOCATION(S)  | # UNITS                  | ADDRESS, CITY, STATE  |         |                      |  |  |  |  |  |  |  |  |  |  |
|  |                          |   |         |                      |  |  |  |  |  |  |  |  |  |  |
|  |                          |   |         |                      |  |  |  |  |  |  |  |  |  |  |
|  |                          |   |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 11. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete Mobile Equipment Supplement.   |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 12. Do you require use of escort vehicles?<br>If yes and escort vehicles are not included in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits.<br>If yes and escort vehicles are included in this application, drivers of escort vehicles should be listed in the Driver Information Section. |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 13. Do you haul oversized, overweight or hazardous loads? If yes, attach explanation.   |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 14. For Non-Trucking accounts, does the insured lease to other companies? If yes, what is the DOT # of the other entity? _____  |         |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | 15. Is there GAP coverage for vehicles with Physical Damage?  |         |                      |  |  |  |  |  |  |  |  |  |  |



# COMMERCIAL TRUCK FLEET INSURANCE APPLICATION

## ADDITIONAL UNDERWRITING INFORMATION

**In the past five (5) years, have any drivers been convicted of any of the following?** Yes No  
 Leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.  
 If yes, please provide driver name, conviction date and details: \_\_\_\_\_

**In the past three (3) years, have any drivers been convicted of any of the following?** Yes No  
 Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, or speeding twenty miles or more over the speed limit.  
 If yes, please provide driver name, conviction date and details: \_\_\_\_\_

**For Kansas applicants only:** Convictions for exceeding a maximum posted speed limit of 30 to 54 MPH by six MPH or less or exceeding a maximum posted speed limit of 55 to 70 MPH by 10 MPH or less shall not be considered by any insurance company in determining the rate charged for any automobile liability policy.

## TRUCKERS GENERAL LIABILITY COVERAGE

**YES NO**

Do you haul bulk fuel?

Do you repair or service vehicles of others?

Do you have dogs at premises? (see exclusion endorsement)

Do you or anyone else who is an employee carry a firearm to work? (see exclusion endorsement)

Do you generate income from other activities besides the operation of the trucks?

Do you want to add Contractual Liability

Do you want to add mis-delivery of goods Coverage?

Do you have fuel storage containers on premises?

---

Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)

---

Please list all premises owned or rented

---

Street Address

---

City State Zip County

---

Description of any other operations being conducted by this applicant?

## ADDITIONAL/DESIGNATED INSURED FOR AUTO LIABILITY OR TRUCKERS GENERAL LIABILITY

| NAME | MAILING ADDRESS | *TYPE OF ADDITIONAL INSURED |
|------|-----------------|-----------------------------|
|      |                 |                             |
|      |                 |                             |

\* Please enter each desired additional/designated insured by entering the corresponding number and/or letter:  
**Auto Liability Additional Insureds:** 1. Designated Additional Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery.  
**General Liability Additional Insureds:** A. Controlling Interest, B. Designated Person or Organization, C. Managers or Lessors of Premises, D. Mortgagee, E. Owners, Lessees or Contractors, F. Co-owner of Insured Premises, G. Vicarious Liability of Owners, Lessees or Contractors.

## INSURANCE HISTORY AND LOSS EXPERIENCE

Provide the following insurance and loss information for the current year plus at least four (4) full prior policy years.  
**HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST FOUR (4) YEARS?**  
 (Missouri Applicants – Do not answer this question.)  
 Yes  No If Yes, explain. \_\_\_\_\_

| Policy Term | Insurance Company | Policy Number | Liability |           | Phys Dam |           | Cargo |           | General Liability |           |
|-------------|-------------------|---------------|-----------|-----------|----------|-----------|-------|-----------|-------------------|-----------|
|             |                   |               | #         | Loss Amt. | #        | Loss Amt. | #     | Loss Amt. | #                 | Loss Amt. |
|             |                   |               |           |           |          |           |       |           |                   |           |
|             |                   |               |           |           |          |           |       |           |                   |           |
|             |                   |               |           |           |          |           |       |           |                   |           |
|             |                   |               |           |           |          |           |       |           |                   |           |
|             |                   |               |           |           |          |           |       |           |                   |           |
|             |                   |               |           |           |          |           |       |           |                   |           |
|             |                   |               |           |           |          |           |       |           |                   |           |
|             |                   |               |           |           |          |           |       |           |                   |           |

Please enter the # of claims over \$100,000: \_\_\_\_\_ Please enter the dollar amount for claims over \$100,000: \_\_\_\_\_

**EXPERIENCE INFORMATION:** Furnish currently valued (must be value dated within the last 3 months) insurance company produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least four (4) full prior policy years.

Describe any claim with payment or reserves over \$25,000.  
 \_\_\_\_\_

**NOTICE FOR MARYLAND APPLICANTS:** Canal's acceptance of this application is contingent upon the consideration of the applicant's claims history. If accepted, your claims history will also be considered in determining if the policy should be cancelled or nonrenewed.



## COMMERCIAL TRUCK FLEET INSURANCE APPLICATION

### DRIVER INFORMATION

Provide a list of drivers that includes the Driver's Name, DOB, License Number, Date of Hire and Years of Driving Experience.

|                                   |  |                 |                              |
|-----------------------------------|--|-----------------|------------------------------|
| Truck Fleet – No. of drivers:     | Regularly Employed _____   | Part Time _____ | Owner/Operator _____         |
|                                   | Leased _____   | Casual _____    | TOTAL _____                  |
| How are drivers paid?             | <input type="checkbox"/> Hourly <input type="checkbox"/> Trip <input type="checkbox"/> Mileage <input type="checkbox"/> Other: _____ |                 |                              |
| Drivers Hired or Leased Last Year | <b>Company Drivers</b>   |                 | <b>Lease/Owner Operators</b> |
| a. Number Replaced _____          | _____  | _____           | _____                        |
| b. Number Increased _____         | _____  | _____           | _____                        |
| c. Minimum Age _____              | _____  | _____           | _____                        |

### DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:

|  |  |
|--|--|
| <input type="checkbox"/> Employment Background Check       | <input type="checkbox"/> Pre-employment Drug Test                                |
| <input type="checkbox"/> Criminal Background Check         | <input type="checkbox"/> Road Test   |
| <input type="checkbox"/> Motor Vehicle Record (MVR) review | <input type="checkbox"/> Pre-employment Screening Program (PSP) Report for FMCSA |
| <input type="checkbox"/> Behavioral / Integrity Testing    | <input type="checkbox"/> Physical Abilities Testing                              |

2. Which of the following is part of your driver performance management process:

|   |  |
|---|--|
| <input type="checkbox"/> Annual review of driver's driving record (MVR)   | <input type="checkbox"/> Review of electronic engine data                                  |
| <input type="checkbox"/> Periodic review of driver and vehicle out of service violations. (SafeState/CSA2010 Reports) | <input type="checkbox"/> Incentives for violation-free and accident-free driving           |
| <input type="checkbox"/> Are Owner Operators subject to Motor Carrier Maintenance Programs, i.e. EOBR/Qualcomm        | <input type="checkbox"/> Formal corrective action procedures. <b>If so, please attach.</b> |
| <input type="checkbox"/> Periodic review of accidents/incidents   | <input type="checkbox"/> Driver safety training? Description of Program _____              |
| <input type="checkbox"/> Are units governed? If so, what limit _____?   | <input type="checkbox"/> Formal Written Hiring Standard. <b>If so, please attach.</b>      |

3. Do you adhere to a written vehicle inspection and maintenance program?     Yes     No

If yes, describe or attach program. \_\_\_\_\_



# COMMERCIAL TRUCK FLEET INSURANCE APPLICATION

## COVERAGES

- AUTO LIABILITY** LIMITS: \$ \_\_\_\_\_ CSL
- LIABILITY FOR NON-TRUCKING USE** Leased to: \_\_\_\_\_  
LIMITS: \$ \_\_\_\_\_ CSL
- HIRED AUTO LIABILITY** Cost of Hire \_\_\_\_\_
- NON-OWNED** Is the account a Service or Charitable Organization?  Yes  No # of Power units under agreement \_\_\_\_\_
- MEDICAL PAYMENTS** Limits \_\_\_\_\_
  - Property Protection (Michigan Only)
  - Property Damage Buyback (Michigan Only)
  - Medical Expense (Virginia Only)
  - Income Loss Benefits (Virginia Only)
  - New York Spousal Liability Coverage (New York Only)

- PHYSICAL DAMAGE** (Please refer to Vehicle Information Section for Stated Amount values by Vehicle.)
  - Comprehensive \$ \_\_\_\_\_ Deductible
  - Collision \$ \_\_\_\_\_ Deductible
  - Specific Cause of Loss (SCoL) \$ \_\_\_\_\_ Deductible
- TOWING** Amount of Coverage \$ \_\_\_\_\_
- RENTAL REIMBURSEMENT** Amount Per Day \$ \_\_\_\_\_ for 30 days.
- ROADSIDE SERVICE**
- TRAILER INTERCHANGE** *Provide a Copy of Agreement*  
# of Power units under agreement \_\_\_\_\_ Maximum trailer value \$ \_\_\_\_\_ # trailer days per power unit \_\_\_\_\_
- NON-OWNED TRAILER LIMIT** Limits \_\_\_\_\_ *Provide a Copy of Agreement*
- ENHANCED PHYSICAL DAMAGE**  Standard  Preferred

## HIRED AUTO PHYSICAL DAMAGE *Complete and Attach Supplement*

- CARGO** Limit \$ \_\_\_\_\_ \$ \_\_\_\_\_ Deductible (Same for all vehicles with Cargo Coverage)
- OPTIONAL CARGO COVERAGES: (Check all that apply)
  - Refrigeration Breakdown – \$2,500 deductible applies
  - Earned Freight Increase to \$ \_\_\_\_\_ (\$1,000 included)
  - Debris Removal Increase to \$ \_\_\_\_\_ (\$25,000 Included)

## UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS

- UNINSURED MOTORISTS BODILY INJURY** Limits: \_\_\_\_\_
- UNDERINSURED MOTORISTS BODILY INJURY** Limits: \_\_\_\_\_
- UNINSURED MOTORISTS PROPERTY DAMAGE** Limits: \_\_\_\_\_
- PERSONAL INJURY PROTECTION** Limits: \_\_\_\_\_ Are drivers covered by Workers Compensation?  Yes  No

Coverage and limit choices in this section are for quoting purposes only. A separate Supplemental Uninsured Motorist/Underinsured Motorist and Personal Injury Protection Form may be required to be completed and signed by the applicant when binding coverage.

## TRUCKERS GENERAL LIABILITY COVERAGE SELECTION This is for businesses solely involved in "For-Hire" transportation of property.

- Desired Aggregate Limits – please select one  \$1,000,000  \$2,000,000 Each Occurrence \$1,000,000 (included)
- Employers Liability (Stop Gap) Coverage – Applicable only in ND, OH, WA and WY. Please select either yes or no.
  - Yes  No \$1,000,000 Bodily Injury by Accident – each accident \$1,000,000 Bodily Injury by Disease – each employee \$1,000,000 Bodily Injury by Disease – each policy

## COMMERCIAL TRUCK FLEET INSURANCE APPLICATION

### FRAUD STATEMENTS

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**ALASKA and VERMONT:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information may be prosecuted under state law.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ARIZONA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly, and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

## COMMERCIAL TRUCK FLEET INSURANCE APPLICATION

**MAINE, TENNESSEE, VIRGINIA and WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person, who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**TEXAS:** Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**UTAH:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed by false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.





# COMMERCIAL TRUCK FLEET INSURANCE APPLICATION

## MVR AND CREDIT REPORT ACKNOWLEDGEMENT

I authorize Canal Insurance Company and/or Canal Indemnity to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied.

**DISCLOSURE:** In connection with the application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit based insurance score will not be used other than the underwriting of the commercial automobile insurance for which you have applied.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score is a factor in determining your eligibility for commercial automobile, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize Canal Insurance Company and/or Canal Indemnity to obtain a credit report, including but not limited to a credit based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Canal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For Arkansas Applicant Only:** I hereby authorize Canal Insurance Company and/or the Producing Agent to obtain from the **Arkansas Office of Driver Services** a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

## ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy

I understand and acknowledge that uninsured, underinsured and no-fault coverage, where applicable and/or required, have been offered to me. I have selected the limit(s) indicated on this application unless other limits are indicated and selected on a supplemental selection/rejection form.

I understand that the coverage selection and limit choices indicated herein will apply to all future policy renewals, continuation and change unless I, or my agent, notify Canal Insurance Company otherwise in writing.

Signature of **APPLICANT** \_\_\_\_\_  
Type or Print Applicant Name \_\_\_\_\_  
Title or Relationship to Applicant \_\_\_\_\_  
Date and Time Application Completed \_\_\_\_\_  
Requested Effective Date and Time \_\_\_\_\_  
Phone # of Applicant \_\_\_\_\_  
Fax # of Applicant \_\_\_\_\_

Signature of **AGENT**  
of the Applicant \_\_\_\_\_  
Agency Name \_\_\_\_\_  
Address of Agency \_\_\_\_\_  
Phone # of Agency \_\_\_\_\_  
Fax # of Agency \_\_\_\_\_

**Canal General Agent Use Only**  
**Date and Time Bound** \_\_\_\_\_