



COMMERCIAL AUTO INSURANCE APPLICATION

Public Auto

Canal Insurance Canal Indemnity

Proposed Effective Date: _____ Expiration Date: _____

New Policy No: _____

Renewal Policy No: _____

GENERAL INFORMATION

<input checked="" type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____				General Agency: Name _____ Code _____ Producing Agency: Name _____ Code _____	
Applicant Name				Company Name (DBA) (if any)	
Phone #	Cell Phone #	US DOT #	Federal ID #	Month/Year Current Operations Began	
Location of the Business or Physical Address, if different			City	State	Zip
Location is:	<input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits		Company Website		
Mailing Address			City	State	Zip

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 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

OWNER / PRINCIPAL / PRESIDENT

Name			Title		
SSN	Home Address				Apt #
City	State	Zip	Business Phone		

DESCRIPTION OF OPERATIONS – PUBLIC AUTO

<input type="checkbox"/> Activity Bus – School or Camp _____%	<input type="checkbox"/> Airport Bus/Shuttle _____%	<input type="checkbox"/> Airport Limo _____%
<input type="checkbox"/> Black Car/Luxury Sedan _____%	<input type="checkbox"/> Bus Not Otherwise Classified _____%	<input type="checkbox"/> Casino Bus _____%
<input type="checkbox"/> Charter Bus _____%	<input type="checkbox"/> Church Bus _____%	<input type="checkbox"/> Daycare Bus _____%
<input type="checkbox"/> Employee Transportation _____%	<input type="checkbox"/> Employer Services _____%	<input type="checkbox"/> Hotel/Motel Shuttle _____%
<input type="checkbox"/> Inter-city Bus _____%	<input type="checkbox"/> Limousine _____%	<input type="checkbox"/> Medical Transport – Emergency _____%
<input type="checkbox"/> Medical Transport – Non-Emergency Ambulatory _____%	<input type="checkbox"/> Medical Transport – Non-Emergency Stretcher _____%	<input type="checkbox"/> Medical Transport – Non-Emergency Wheelchair _____%
<input type="checkbox"/> Mini-bus _____%	<input type="checkbox"/> Municipal Vehicle _____%	<input type="checkbox"/> Other School Bus _____%
<input type="checkbox"/> School Bus – Owned by Government of Political Subdivision _____%	<input type="checkbox"/> Sightseeing Bus _____%	<input type="checkbox"/> Social Service – All Other _____%
<input type="checkbox"/> Social Service Auto – Employee Operated _____%	<input type="checkbox"/> Stretch Sedan _____%	<input type="checkbox"/> Taxicab _____%
<input type="checkbox"/> Transportation of Athletes and Entertainers _____%	<input type="checkbox"/> Trolley _____%	<input type="checkbox"/> Urban Bus _____%
<input type="checkbox"/> Van Pool – Employer Furnished _____%	<input type="checkbox"/> Van Pools – All Other _____%	<input type="checkbox"/> On Demand Request Tool _____%

Description _____

If Limo is selected, what is the limo primary usage? Corporate Prom/Weddings Airport Other _____

What is the Annual Miles Driven? _____ Miles



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LIST CITY DESTINATIONS BELOW

1.	2.	3.	4.
OPERATIONS BEYOND 300 MILES RADIUS: Identify Metropolitan Areas Traveled Through Or Into			
<input type="checkbox"/> Atlanta <input type="checkbox"/> Balt-Washington <input type="checkbox"/> Boston <input type="checkbox"/> Buffalo <input type="checkbox"/> Charlotte <input type="checkbox"/> Chicago <input type="checkbox"/> Cincinnati <input type="checkbox"/> Alabama, Mississippi, Louisiana	<input type="checkbox"/> Cleveland <input type="checkbox"/> Dallas/Ft Worth <input type="checkbox"/> Denver <input type="checkbox"/> Detroit <input type="checkbox"/> Hartford <input type="checkbox"/> Houston <input type="checkbox"/> Indianapolis	<input type="checkbox"/> Jacksonville <input type="checkbox"/> Kansas City <input type="checkbox"/> Little Rock <input type="checkbox"/> Los Angeles <input type="checkbox"/> Louisville <input type="checkbox"/> Memphis <input type="checkbox"/> Miami	<input type="checkbox"/> Milwaukee <input type="checkbox"/> Mpls./St Paul <input type="checkbox"/> Nashville <input type="checkbox"/> New Orleans <input type="checkbox"/> New York City <input type="checkbox"/> Oklahoma City <input type="checkbox"/> Omaha <input type="checkbox"/> Orlando <input type="checkbox"/> Philadelphia <input type="checkbox"/> Phoenix <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Portland, OR <input type="checkbox"/> Richmond <input type="checkbox"/> St. Louis <input type="checkbox"/> Florida, Georgia, North Carolina, South Carolina, Virginia
<input type="checkbox"/> Salt Lake City <input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco <input type="checkbox"/> Seattle <input type="checkbox"/> Tampa <input type="checkbox"/> Tulsa			
Cities other than above or regular routes			

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"/> PSC – Form E _____ State		
<input type="checkbox"/> Taxi		
<input type="checkbox"/> WMATC _____ State		
<input type="checkbox"/> Other _____		
Please note: The FMCSA and/or state agencies require advance notice of cancellation on all policies that have a MCS-90 or other filings.		

LIENHOLDER AND/OR PAYEE INFORMATION		
UNIT #	NAME	ADDRESS
1		
2		
3		
4		

DRIVER INFORMATION												
List all individuals that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.												
#	DRIVER'S NAME	DATE OF BIRTH	GENDER	LICENSE #	# of YEARS APP. LIC.	SOCIAL SECURITY #	STATE	DATE OF HIRE	# Convicted Viol/Acc Past 3 Years			# Convicted Violations Past Yr
									MINOR	MAJOR	ACC	



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VEHICLE INFORMATION								
UNIT #	MODEL YR	MAKE AND MODEL	VIN	RADIUS	VEHICLE TYPE	SYM/AGE	COMPI/OTC SYM	COLL SYM

VEHICLE INFORMATION								
UNIT #	SEATING CAPACITY	GVW GCW	STATED VALUE	COST NEW	USE	CLASS	OWNED = O LEASED = L	Is garaging address same as physical? (Y/N)

DESIGNATED INSURED FOR AUTO LIABILITY	
NAME	MAILING ADDRESS



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Please complete this section for vehicles with different ownership or different garaging addresses.

Name and Address of vehicle owners other than the named insured (owner 2, 3 & 4 listed below)

Unit #	Name of Owner	*Ownership Type	Mailing Address

* Please enter the owner type by entering the corresponding number. 1. Owned by Named Insured. 2. Owned by Leasing Company (long term lease without a driver), 3. Owned by Owner Operator (leased with driver). 4. Owned by Employee of Named Insured (officer). Please note that coverage for owners might not be afforded if this section is not completed.

For Liability Coverage, if a unit is not garaged at the physical address of the applicant, please list the garaging addresses for each unit.

Unit #	Street Address			
City	State		Zip	County
Unit #	Street Address			
City	State		Zip	County

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)

QUESTIONNAIRE

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you own any other businesses? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have there been any changes in the ownership, management or name of the operation in the past five (5) years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is there a formal Safety program in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Any bankruptcy, tax or credit lien within the past five years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you agree to report all drivers to your agent prior to them driving an insured unit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you comply with all DOT regulations concerning driver employment, files and regulations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have any drivers been convicted of any of the following: Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, leaving the scene of an accident or a hit and run, any felony conviction which involved a motor vehicle, speed twenty miles or more over the speed limit or driving while license is suspended or revoked in a commercial vehicle, DUI or DWI? If yes, please provide the driver name, conviction date and details: |

Comments _____

INSURANCE HISTORY AND LOSS EXPERIENCE

Provide the following insurance and loss information for the current and prior four (4) 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 \$25,000: _____ Please enter the dollar amount for claims over \$25,000: _____

NOTE: Attach separate loss runs if space provided is not sufficient. Amount incurred should include amounts paid, preserved totals as well as any expenses.

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.

CERTIFICATE OF INSURANCE

NAME	MAILING ADDRESS



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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 involved 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.

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? If so, please attach. |
| <input type="checkbox"/> Periodic review of accidents/incidents | <input type="checkbox"/> Random and/or Post Accident drug test. |
| <input type="checkbox"/> Are units governed? If so, what limit _____? | <input type="checkbox"/> Formal Written Hiring Standard. If so, please attach. |

3. Do you adhere to a written vehicle inspection and maintenance program?

- Yes No

If yes, describe or attach program. _____



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COVERAGES

AUTO LIABILITY LIMITS: \$ _____ Combined Single Limits **SYMBOL** _____
 \$ _____ / \$ _____ / \$ _____ Split Limits
 Bodily Injury – each person Bodily Injury – each accident Property Damage – each accident

HIRED AUTO LIABILITY Cost of Hire _____ **SYMBOL** _____

NON-OWNED Is the account a Service or Charitable Organization? Yes No # of Power units under agreement _____ **SYMBOL** _____

MEDICAL PAYMENTS Limits: _____ **SYMBOL** _____

- 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 AND LABOR Amount of Coverage \$ _____.

RENTAL REIMBURSEMENT Amount Per Day \$ _____ for 30 days.

ROADSIDE SERVICE

ENHANCED PHYSICAL DAMAGE Standard Preferred

HIRED AUTO PHYSICAL DAMAGE *Complete and Attach Supplement*

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.

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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.

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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.



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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