



GROUPASSUR TRANSPORT

Application for Trucking Company

Name of broker:

Name of office :

Effective Date:

Expiring premium:

INFORMATION ON THE APPLICANT

1. Applicant's name :

2. Name of the owner :

3. Applicant's address :

4. Phone number :

Fax number :

5. Email:

6. In business since (year) :

Known since :

7. Has the applicant ever been canceled or non-renewed by an insurer? Yes No

8. Has the applicant or one his employees ever had any criminal conviction? Yes No

9. CTQ identification number (NIR #) (Mandatory):

* Please provide a recent copy of the applicant's PECVL report

10. USDOT identification number (MC #) (facultative):

11. Type of transportation operation:

12. Income from transport (12 last months):

13. Income from brokerage (12 last months):

14. Other Activities ? Yes No If YES, declare:

15. Situations used by the applicant:

Address	Activitie(s)	Tenant's liability required?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Transported goods

Description	%	Average value	Maximum value

17. Radius of operation (%) * For any out of Quebec radius, please provide the fuel tac reports for the last 4 available quarters

Québec % Ontario % Other Canada % USA %
 If Quebec only, provide maximum radius: Km

LIST OF DRIVERS

18.

Name, First name	Driving license #	Year of the obtainment of required license class	Number of demerit points	Sanction?

REQUESTED COVERAGE

Automobile		
Coverage	Amount	
Section A- Automobile liability		
Section B- Coverage for damages to insured vehicles		
Type of Vehicle		
	Subsection	Deductible
Tractors :		
Straight Trucks :		
Trailers/Semi-trailers :		
Private vehicles :		
Service vehicles :		
Endorsements		
	Amount	Deductible
<input type="checkbox"/> Q.E.F. 8		
<input type="checkbox"/> Q.E.F. 20a		
<input type="checkbox"/> Q.E.F. 20g		
<input type="checkbox"/> Q.E.F. 21b		
<input type="checkbox"/> Q.E.F. 27 Trailers & Tractors		
<input type="checkbox"/> Q.E.F. 40		
Cargo		
	Amount	
Carrier's Legal Liability		
Terminal Limit (unloaded goods)		
Catastrophic Limit		
Contingent cargo (brokerage)		
Earned freight charges		
Cargo Section Deductible		
Comprehensive General Liability		
	Amount	Deductible
Bodily Injury and/or Property Damage		
Personal injury		
Medical Charges	\$50,000 per Individual	
Tenant's Legal Liability		
Q.P.F. 6		
Other Coverages		
<input type="checkbox"/> Deductible buy-back endorsement : <input type="checkbox"/> 1 000 \$ <input type="checkbox"/> 500 \$		
<input type="checkbox"/> Profit sharing endorsement		
<input type="checkbox"/> Employee Benefits Liability		
<input type="checkbox"/> Other :		

REMARKS SECTION

(Please declare all relevant information that are not mentioned in this application)

Applicant's signature

Date



GROUPASSUR
TRANSPORT

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