

COMMERCIAL VEHICLE PHYSICAL DAMAGE INSURANCE APPLICATION FORM

1. Full Name of Applicant: _____
2. Full Address of Applicant: _____
3. Has Applicant had previous Commercial Vehicle Physical Damage Insurance canceled or refused: Yes No
4. If yes, state when and reason for cancellation or refusal.: _____

5. With respect to applicable Provinces Auto Physical Damage, does the insured carry Direct Compensation Property Damage insurance? Yes No
6. If no, has the insured opted out or declined to carry DCPD coverage? Yes No N/A
7. How many years in the business? _____ How many years experience does the insured have? _____
8. Radius of usual operations: _____
9. Types of Cargoes usually carried: _____

10. Full address of Principal Terminal/s. If other than above: _____

11. Details of fire and theft precautions installed/adopted at Terminal/s: _____

12. Total Insured Value of Schedule – Actual Cash Value (A.C.V.) basis: _____
Please also give approximate Total Insured Value of Schedule (A.C.V. basis) for last three years each year shown separately:

(A) Limit any one single unit: _____
(B) Limit any one combination of units: _____
(C) Limit any one occurrence/Terminal: _____
13. Details of driver hire investigations and guidelines observed: _____

14. Will any of your scheduled equipment ever be loaned, rented or leased to any third party? Yes No
If Yes, who will be responsible for loss and/or damage to such loaned, rented or leased equipment while in the care, custody and control of third parties: _____

15. Do you own or use Trucks and/or Trailers other than those specified elsewhere in this proposal form? Yes No
 If yes, specify such vehicles and state reasons why insurance is not required: _____

16. Is all specified equipment regularly inspected and serviced? Give brief details: _____

17. Paid and outstanding losses sustained by Applicant last five years showing details for each year separately and whether paid claims are from ground up or net of any deductibles. Please specify amount of deductibles: _____

18. Preferred deductible: _____

SCHEDULE

Please attach to this application form a full description of all vehicles etc. to be insured; specifying for each unit, the following:

- Item number
- Name of Manufacturer
- Model Year
- Type of Unit (truck, trailer, semi-trailer, tractor etc.)
- Serial number
- Current Actual Cash Value (A.C.V.)
- Loss Payee

Please attach to this application form a full description of all drivers

DECLARATION

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as part of the commencement date of said insurance and in accordance with all terms thereof and the said applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

Signed at:

This _____ day of _____ year _____

Applicant Signature: _____

Agent Signature: _____

Address of Agent: _____

SCHEDULE OF UNITS

Unit No.	Model Year	Description	VIN/Serial No.	\$ Actual Cash Value

DRIVERS SCHEDULE

Insured Name: _____

Policy Number: _____

Name of Driver	Date of Birth	License #	Held Class 1 Since

NEW VENTURE PROFILE

Effective date of new venture: _____

How long have you been driving tractor/trailer rigs: _____

Who did you drive for previously: _____

For how long? _____

What types of goods were you hauling prior: _____

What was your usual route(s): _____

How many accidents or losses were you involved in during the past 5 years: _____

Describe accident circumstances: _____

What will you be hauling now: _____

Do you expect to increase the number of vehicles within 1 year? Yes No

If yes, approximately how many: _____

Describe your hiring practices: _____

Will you allow trip leasing Yes No Will you use team drivers Yes No

What is the anticipated gross receipts for the next year: _____

What is the anticipated annual mileage: _____

Signed by Applicant: _____ Dated: _____