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NON-FLEET TRANSPORTATION SURVEY (1-4) POWER UNITS

NAME OF APPLICANT (INCLUDE ALL SUBIDIARIES): _____
 Phone #: _____ Fax #: _____
 E-Mail Address: _____
 Previous Operating Name (IF ANY): _____
 Principal's Name: _____ Title: _____
 Contact Name: _____ Title: _____
 Business Address (STATE MAILING ADDRESS IF DIFFERENT): _____

TYPE OF OPERATION

Common Carrier Contract Carrier Individual Private Carrier
 Partnership Corporation *Broker

***If Broker, Name of Principal:** _____

Number of Years in above business: _____

Number of years Applicant has owned a similar type of vehicle _____ driven similar vehicle _____
 In a similar radius _____

PRESENT POLICIES AND CURRENT COVERAGES

	Limits	Deductibles	Insurer	Policy #	Expiry Date	Expiring Premium
Automobile	\$	\$				\$
C.G.L.	\$	\$				\$
Cargo	\$	\$				\$

Has any Insurer cancelled, declined, refused to renew or issue auto, cargo or C.G.L. Insurance to the Applicant or any of the drivers within the six (6) years preceding this application? YES NO

Does the Applicant comply with government vehicle inspections on all commercial Vehicles? (A CURRENT COPY OF EACH VEHICLE INSPECTION WILL BE REQUIRED AFTER BINDING) YES NO

Does the Applicant own or lease any U.S. domiciled vehicles? YES NO
 If yes, provide details: _____

Does the Applicant own or use any vehicle other than those listed? YES NO
 If yes, provide details: _____

Does the Applicant lease, loan or rent any of his vehicles to others? YES NO
 If yes, provide details: _____

How often are the vehicles serviced? _____

Any machinery or equipment (reefers, cranes, etc.) attached to vehicles YES NO
 If yes, provide details: (Including actual cash value) _____

Does the Applicant haul any hazardous goods as defined by the Hazardous Goods Act? YES NO
 If yes, provide PIN and Class numbers: _____

Does the Applicant use non-owned trailers? YES NO
 If yes, complete the following:

Non-Owned Trailers	Average	Maximum
Number in care at any one time		
Value of the trailer(s) Actual Cash Value)	\$	\$

Type of trailer(s): _____

State by percentage **OR** the number of times monthly that the Applicant would have non-owned trailers in their care, custody and control. _____ % **OR** _____ times per month.

EXPOSURE (MUST EQUAL 100%) Canadian: _____ % U.S.: _____ %

Radius of operations per trip – Canadian miles
 50-100 _____ % 101-300 _____ % 301-500 _____ % 501-900 _____ % Over 900 _____ %

Radius of operations per trip – U.S. miles
 50-100 _____ % 101-300 _____ % 301-500 _____ % 501-900 _____ % Over 900 _____ %

INDICATE BY PERCENTAGE THE NUMBER OF MILES DRIVEN IN EACH STATE/PROVINCE
 (ATTACH FUEL TAX WHERE AVAILABLE)

U.S.A.		Kansas	%	N. Carolina	%	Wyoming	
		Kentucky	%	N. Dakota	%		
Alabama	%	Louisiana	%	Ohio	%	CANADA	
Alaska	%	Maine	%	Oklahoma	%		
Arizona	%	Maryland	%	Oregon	%	Alberta	
Arkansas	%	Massachusetts	%	Pennsylvania	%	British Columbia	
California	%	Michigan	%	Rhode Island	%	Manitoba	
Colorado	%	Minnesota	%	S. Carolina	%	New Brunswick	
Connecticut	%	Mississippi	%	S. Dakota	%	Newfoundland	
Delaware	%	Missouri	%	Tennessee	%	Nova Scotia	
D. Columbia	%	Montana	%	Texas	%	Nunavut	
Florida	%	Nebraska	%	Utah	%	N.W.T.	
Georgia	%	Nevada	%	Vermont	%	Ontario	
Idaho	%	New Hampshire	%	Virginia	%	P.E.I.	
Illinois	%	New Jersey	%	Washington	%	Quebec	
Indiana	%	New Mexico	%	W. Virginia	%	Saskatchewan	
Iowa	%	New York	%	Wisconsin	%	Yukon	

Base State: _____

C.V.O.R. Number: _____ National Safety Code Number: _____

R.I.N. Number: _____

CLAIMS HISTORY

(INCLUDE ALL CLAIMS FOR THE PAST 4 YEARS, (AUTO, CARGO, CGL) FOR THE COMPANY AND/OR DRIVERS WITH LESS THAN 3 YEARS EMPLOYMENT WITH THE COMPANY)

Date (MM/DD/YY)	Description	At Fault/ Not at Fault	Total Amount Paid	Name of Driver Involved	% of Liability
					%
					%
					%
					%
					%
					%

DRIVERS LIST

(ATTACHE CURRENT MVR AND CONFIRMED LOSS EXPERIENCE FOR A MINIMUM OF 3 YEARS FROM PREVIOUS INSURER OR EMPLOYER)

Driver's Full Name	License Number	# of Years Experience with Similar Vehicle	Previous Employer(s) (list in reverse order starting with most recent employer)

CARGO

(SECTION MUST BE COMPLETED EVEN IF COVERAGE IS NOT REQUIRED)

Cargo Limit Required? \$ _____ Deductible: \$ _____

Are hazardous, volatile, flammable and/or corrosive goods carried? YES NO
 If yes, provide details: _____

Are there any products hauled that require heating or refrigeration? YES NO
 If yes, provide details: _____

Are loads brokered to others? YES NO
 If yes, provide details: _____

What percentage of goods hauled are owned? _____ %

(PLEASE COMPLETE CHART)

Commodities	% of Total (must = 100%)	Average Load Value	Maximum Load Value	# Times Maximum Value Reached
	%	\$	\$	
	%	\$	\$	
	%	\$	\$	
	%	\$	\$	

VEHICLE LIST

Year	Make/Model	Full Serial Number	A.C.V. (Actual Cash Value)	Physical Damage Coverage	Ded.
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

Third Party Liability Limit Required _____

What name is/are vehicle(s) registered under? _____

What province are they registered in? _____

COMMERCIAL GENERAL LIABILITY

THIS COVERAGE IS INTENDED FOR TRUCKMEN (COMMON/CONTRACT CARRIERS ONLY)

Coverage required? YES NO Combined Single Limit: _____

Specify if additional coverages are required:

Does the Applicant conduct any other operation other than the transportation of goods? YES NO
If yes, provide details: _____

Does the Applicant have provincial tax-exempt status? YES NO
If yes, please provide copy of exemption certificate.

Is this risk new to your office? YES NO

Please expand: _____

ADDITIONAL COMMENTS

This applicant confirms that the above statements are true and that no material facts have been withheld or misrepresented and agree to accept the Insurance quotation based on these statements before coverage can be bound and policy issued. **Completion of this form does not bind coverage.**

Signed _____ Date _____
Applicant

Title _____

Name of Brokerage _____ Signed _____
Producer

Phone # _____ Name of Producer _____

Market Broker Number _____ Date _____

THIS FORM IS A SUPPLEMENT TO, AND MUST ACCOMPANY A COMPLETED STANDARD PROVINCIAL AUTOMOBILE APPLICATION IF ACCOUNT IS BOUND.

ADDITIONAL INFORMATION:

Do all drivers complete log books
If yes, provide details

YES NO

Are employees provided with and expectation outline
If yes, provide details

YES NO

Do you haul for others?
If yes, provide details

YES NO

Where are vehicles stored at night?

Where are vehicles licensed for?

Are inspections performed?
If yes, provide details

YES NO

Are repair logs kept?
If yes, provide details

YES NO
