



Trucking CGL Application

APPLICANT INFORMATION			
Name of applicant:			
Address of applicant:			
A Corporation:	A Partnership:	An Individual:	Other:
Description of operations:			
Location address:			
Years of Experience:			
Year of incorporation/ or in business:			
Name and address of subsidiaries:			

LIABILITY REQUIREMENTS	
Limit of Liability required:	
Effective date of Insurance:	
Name of present Insurer:	
Has any insured ever refused or cancelled any insurance?	Yes No
If yes, please provide details:	

LEASED PROPERTY				
Describe all buildings:				
Location	Area	Occupancy	Annual Rent	Construction

OPERATIONS					
Description of applicant's operations and annual sales:					
Commodities Hauled	Gross Annual Receipts	% Distribution			
		CAN	USA	OTH	Total

Number of Drivers and annual payroll:			
	Employed	Owner Operators	Total
Number of Drivers			
Does applicant handle any materials that could cause pollution?	Yes	No	
Specify the percentage of annual revenue:	In Canada	%	In United States %

OTHER EXPOSURES			
Is the applicant subject to the following risks:			
Work committed to subcontractors or independent contractors:	Yes	No	
If yes, what type of work: Annual cost:			
Pollution (Chemical Products, gases, wastes):	Yes	No	
If yes, specify below the quantities, methods of storage and handling, methods of transportation off-premises, permission given to others to dispose of waste on premises, type of supervision:			

EMPLOYER'S LIABILITY				
Is Government workmen's compensation insurance available in all provinces in which the applicant conducts business?			Yes	No
If yes, does applicant take advantage of it?			Yes	No
If no, specify provinces and payroll:				

AUTOMOBILE			
Number of Vehicles:			
Light	Motorized Equipment	Buses	
Heavy	Trailer		
Are vehicles utilized for long haul? Yes No			
If yes, specify Products of the insured and Products of others:			
Across the country? Yes No			
If yes, which provinces:			
In United States? Yes No			
If yes, which states? <i>Please attach IFTA</i>			
Are vehicles utilized in the transportation of flammable, caustic, or explosive substances? Yes No			
Are there any non-owned vehicles? Yes No			
If yes, please provide number of vehicles and use:			
Radius of operations (Based on percentage):			
Up to 250 miles (%):	251 to 1,000 miles (%):	1,001 and over (%):	

PREVIOUS LOSS EXPERIENCE

List all liability claims within the last five (5) years, whether settled or not:

Bodily Injury	Property Damage	Date	Paid Amount or Reserve

SCHEDULE OF PRIMARY POLICIES

Coverage	Carrier	Policy Term	Limit	Premium
General Liability				
Automobile				
Motor Truck Cargo				
Directors and Officers				
Professional				

Do these policies insure all corporations and subsidiaries listed in item 1? **Yes** **No**

If not, please explain:

DECLARATION

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Signatures(s) of All named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:
Broker Information:	
Broker:	Contact:
Phone:	Fax: