



## Transport Legal Expense Application

| APPLICANT INFORMATION                      |                 |              |
|--|-----------------|--------------|
| Broker name:                               | Contact:        |              |
| Address:                                   |                 |              |
| Policy number (for renewal purposed only): | Effective date: | Broker code: |
| Full name of all insureds:                 |                 |              |
| Names of principals:                       |                 |              |

| UNDERWRITING DETAILS                      |
|---|
| Business name:                            |
| Mailing address:                          |
| Business operation:                       |
| How many years have you been in business? |

| AUTOMOBILE   |                         |                     |
|--|-------------------------|---------------------|
| Number of Vehicles:  |                         |                     |
| Light  | Motorized Equipment     | Buses               |
| Heavy  | Trailer                 |                     |
| Are vehicles utilized for long haul? <b>Yes</b> <b>No</b>  |                         |                     |
| If yes, specify Products of the insured and Products of others:  |                         |                     |
| Across the country? <b>Yes</b> <b>No</b>   |                         |                     |
| If yes, which provinces:   |                         |                     |
| In United States? <b>Yes</b> <b>No</b>   |                         |                     |
| If yes, which states?<br><i>Please attach IFTA</i>   |                         |                     |
| In Mexico? <b>Yes</b> <b>No</b>  |                         |                     |
| Are vehicles utilized in the transportation of flammable, caustic, or explosive substances? <b>Yes</b> <b>No</b> |                         |                     |
| Are there any non-owned vehicles? <b>Yes</b> <b>No</b>   |                         |                     |
| 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 (%): |

**CLAIMS**

Please provide details of any claims or actions brought against your company including defence costs and deductible. Include loss experience of companies that have been taken over or merged with your company.

|                    |                     |         | Claim Amounts |          |            |                |
|--------------------|---------------------|---------|---------------|----------|------------|----------------|
| Date of occurrence | Describe occurrence | Reserve | Paid          | Expenses | Deductible | Open or Closed |
|                    |                     |         |               |          |            |                |
|                    |                     |         |               |          |            |                |

**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:         |