



COMMERCIAL VEHICLE SUPPLEMENT

INSURANCE COMPANY		<input type="checkbox"/> QUOTE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		POLICY / BINDER NUMBER	
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS			2. BROKER'S NAME AND POSTAL ADDRESS		
CONTACT NUMBER HOME		CELL	CONTACT NUMBER HOME		CELL
BUSINESS		FAX	BUSINESS		FAX
PREFERRED LANGUAGE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	BROKER CONTRACT NUMBER		BROKER SUB-CONTRACT NUMBER
EMAIL ADDRESS			GROUP / PROGRAM NAME		GROUP ID
WEBSITE ADDRESS			BROKER CLIENT ID		COMPANY CLIENT ID

3. BUSINESS TYPE

CHECK AS APPROPRIATE (FOR ITEMS MARKED WITH AN ASTERISK AND NUMBER, THE APPLICABLE SECTIONS MUST BE COMPLETED)

<input type="checkbox"/> COMMON CARRIERS	<input type="checkbox"/> COURIER SERVICE	<input type="checkbox"/> DRIVING SCHOOL COMPLETE ITEM (*16)	<input type="checkbox"/> PICK UP CUSTOMER GOODS
<input type="checkbox"/> CONTRACT CARRIERS	<input type="checkbox"/> ROAD CONSTRUCTION	<input type="checkbox"/> BUS SERVICE COMPLETE ITEM (*18)	<input type="checkbox"/> OTHER (SPECIFY) _____
<input type="checkbox"/> PRIVATE CARRIERS	<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/> ARTISAN USE ONLY COMPLETE ITEM (*4)	
<input type="checkbox"/> DELIVERY, WHOLESALE	<input type="checkbox"/> TOWING SERVICE	<input type="checkbox"/> FARMER	
<input type="checkbox"/> DELIVERY, RETAIL	<input type="checkbox"/> TAXIS/LIMOS COMPLETE ITEM (*19)	<input type="checkbox"/> LEASING TO OTHERS	

4. ARTISAN

AVG. NO. OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY: _____ IS THE VEHICLE ALSO USED FOR PLEASURE? YES NO

5. DRIVING EXPERIENCE **6. HAULING DONE FOR OTHERS**

OPERATOR'S YEARS OF DRIVING EXPERIENCE FOR LISTED VEHICLE OR SIMILAR TYPE		HAULING DONE FOR OTHERS				
AUTO NO.	DRIVER NO.	AUTO NO.	NEVER	DAILY	WEEKLY	OTHER (SPECIFY)
1		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. (A) COMMODITIES TRANSPORTED **7. (B) DANGEROUS GOODS TRANSPORTED**

AUTO NO.	LIST MERCHANDISE CARRIED	ARE GOODS CARRIED FOR COMPENSATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IDENTIFY AUTOS CARRYING (NOTE: IF EXPLOSIVES OR RADIOACTIVE MATERIAL IS CARRIED, COMPLETE, SIGN, AND ATTACH APPROPRIATE QUESTIONNAIRE.)			
			AUTO NO.	EXPLOSIVES	NUCLEAR / RADIOACTIVE MATERIAL	DANGEROUS GOODS
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. TRAVEL AND RADIUS OF OPERATION

AUTO NO.	LIST GARAGING LOCATION(S)	ONE WAY DISTANCE (KMS)		% OF TOTAL TRIPS		NO. OF TRIPS PER MONTH BEYOND STANDARD RADIUS FROM PLACE USUALLY KEPT	DESTINATIONS LIST CITIES, PROVINCES, AND STATES
		NORMAL RADIUS (i)	MAXIMUM RADIUS (ii)	(i)	(ii)		
1							
2							
3							

9. VEHICLE FILINGS

LIST ALL FEDERAL, PROVINCIAL, MUNICIPAL, OR UNITED STATES FILINGS REQUIRED		
PROVINCE, STATE, CITY OR ICC	DOCKET NO. (IF ANY)	SPECIFY EXACT NAME REQUIRED ON THE FILING

10. ATTACHED MACHINERY AND EQUIPMENT

DESCRIBE MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLES						
AUTO NO.	DESCRIPTION	EXCLUDED	OWNED	LEASED	VALUE	
1		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>		

11. TRAILERS **12. PLEASURE USE** **13. TRAILER TRAIN** **14. SPECIAL / SEASONAL USE**

AUTO NO.	IS THE VEHICLE USED TO HAUL ANY TRAILERS?	STATE %	IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN	ANY SPECIAL OR SEASONAL USE?	AUTO NO.	NO. OF MONTHS	IF YES, DESCRIBE USAGE (EG. SNOW REMOVAL, ROAD SALTING?)
1	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			
2	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			
3	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO			

REMARKS

15. NON-OWNED VEHICLES						
DOES THE APPLICANT NEED EEF/OPCF/SEF/QEF/NBEF 27/27B LIABILITY FOR DAMAGE TO NON-OWNED VEHICLES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" SPECIFY BELOW:						
(A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	(B) VEHICLE TYPE OF NON-OWNED VEHICLE	(C) AVERAGE NO. OF VEHICLES AT ANY ONE TIME	AND THEIR AVERAGE VALUE	(D) MAXIMUM NO. OF VEHICLES AT ANY ONE TIME	AND THEIR COLLECTIVE MAXIMUM VALUE	(E) WHAT IS THE VALUE OF THE MOST EXPENSIVE UNIT?
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
16. DRIVING SCHOOLS				17. RECREATIONAL VEHICLES		
CHECK ALL EXPOSURES THAT APPLY				ARE ANY RECREATIONAL TYPE VEHICLES USED FOR COMMERCIAL PURPOSES?		
AUTO NO.	ROAD COURSE TYPE PUBLIC PRIVATE	TRACTOR TRAILER TRAINING UNLOADED TRAILER LOADED TRAILER	YES/NO <input type="checkbox"/> YES <input type="checkbox"/> NO	AUTO NO.	USAGE	FREQUENCY
	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<input type="checkbox"/> UNLOADED TRAILER <input type="checkbox"/> LOADED TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<input type="checkbox"/> UNLOADED TRAILER <input type="checkbox"/> LOADED TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<input type="checkbox"/> UNLOADED TRAILER <input type="checkbox"/> LOADED TRAILER	<input type="checkbox"/> YES <input type="checkbox"/> NO			
18. PUBLIC VEHICLES						
AUTO NO.	VEHICLE TYPE			USAGE		
	<input type="checkbox"/> BUS	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PUBLIC BUS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> PRIVATE BUS	<input type="checkbox"/> HOTEL OR COUNTRY CLUB BUS
	<input type="checkbox"/> TAXI	<input type="checkbox"/> LIMOUSINE				
	<input type="checkbox"/> BUS	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PUBLIC BUS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> PRIVATE BUS	<input type="checkbox"/> HOTEL OR COUNTRY CLUB BUS
	<input type="checkbox"/> TAXI	<input type="checkbox"/> LIMOUSINE				
	<input type="checkbox"/> BUS	<input type="checkbox"/> COMMERCIAL VEHICLE	<input type="checkbox"/> PUBLIC BUS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> PRIVATE BUS	<input type="checkbox"/> HOTEL OR COUNTRY CLUB BUS
	<input type="checkbox"/> TAXI	<input type="checkbox"/> LIMOUSINE				
AUTO NO.	MAX. # OF PASSENGERS NORMALLY CARRIED	MAX. # OF PERMANENTLY ATTACHED SEATS	SERVICE PROVIDED			
			<input type="checkbox"/> REGULAR ROUTE(S)	<input type="checkbox"/> CITY OR TOWN	<input type="checkbox"/> REGULAR SERVICE BETWEEN TOWNS	<input type="checkbox"/> CHARTER <input type="checkbox"/> AIRPORT <input type="checkbox"/> WEDDINGS
			<input type="checkbox"/> REGULAR ROUTE(S)	<input type="checkbox"/> CITY OR TOWN	<input type="checkbox"/> REGULAR SERVICE BETWEEN TOWNS	<input type="checkbox"/> CHARTER <input type="checkbox"/> AIRPORT <input type="checkbox"/> WEDDINGS
			<input type="checkbox"/> REGULAR ROUTE(S)	<input type="checkbox"/> CITY OR TOWN	<input type="checkbox"/> REGULAR SERVICE BETWEEN TOWNS	<input type="checkbox"/> CHARTER <input type="checkbox"/> AIRPORT <input type="checkbox"/> WEDDINGS
AUTO NO.	IF REGULAR PUBLIC BUS SERVICE BETWEEN TOWNS: LIST ALL REGULAR DESTINATIONS			ONE WAY DISTANCE	IF CHARTER SERVICE: LIST DESTINATIONS	
				KMS		
				KMS		
				KMS		
SCHOOL BUSES						
AUTO NO.	ARE BUSES ALSO USED FOR CHARTER SERVICE?	NO. TRIPS PER MONTH EACH BUS	MAX. NO. BUSES USED IN CHARTER SERVICE	PRIVATE BUSES	SPECIFY OTHER PRIVATE BUS USAGE	FREQUENCY OF USE
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPORTING EVENTS <input type="checkbox"/> EMERGENCY EVACUATION <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPORTING EVENTS <input type="checkbox"/> EMERGENCY EVACUATION <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SPORTING EVENTS <input type="checkbox"/> EMERGENCY EVACUATION <input type="checkbox"/> OTHER	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
TAXIS OR LIMOUSINES						
AUTO NO.	LICENSE PLATE NO.	TAXI NO.	TAXI PLATE NO.	TAXI PLATE LICENSING AUTHORITY		
TAXIS OR LIMOUSINES						
AUTO NO.	NAME AND ADDRESS OF TAXI PLATE OWNER			ARE INSURED VEHICLES BROKER / DISPATCHED BY OTHER THAN REGISTERED OWNER?	BROKER / DISPATCHER NAME	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
TAXIS OR LIMOUSINES						
AUTO NO.	IS THE INSURED VEHICLE/ PLATE LEASED TO OTHERS?	NAME AND ADDRESS OF LESSEES			ANY VEHICLES USED FOR OTHER THAN TAXI OR LIMOUSINE SERVICES?	
	<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	
	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	
19. REMARKS						

Date: _____

Client Signature _____