FLEET SCHEDULE (DCPD)

Insured:

Policy Number:

Broker:

Effective Date:

Unit #	YR	Make/Model	GVW R/G	LPN	VIN Number	Location	Terr	Radius of Operation	% of U.S. or out of Prov Exp	Buses # of Seats	Class	TPL $200,000	AB	UA	END 44	COLL DED	COLL	C3/C4 DED	C-3 COMP	C-4 SP	OTHER END	DCPD PREM	TOTAL
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
																						$	

1. This Section must be completed as regards all Insurers of the Applicant for the past three years.

Name of Previous Insurer	Policy Number	Policy Expiry

2. Out of Prov/US Exposure: Show % of use _____

3. Buses Only: Enter # of seats in "Bus Seats" column and also complete "Radius pf operation" column

4. BASE PREMIUM CALCULATION

A. Show limit req'd for TPL

$

		Table A	Table B	Table C	Table D	
B. Split TPL Prem by Inc Lt	$					**C. Then add all columns and enter base premium here.**
x Incr Lt factor	x					
= Basic Limit Premiums	=					
x Excess Lt factor	x					Total
= basic + excess premium		+	+	+	+	=	$

Numbers of Units Insured in the Past Three Years

Policy Year	Expiring Yr		1st Prior Yr		2nd Prior Yr	
BI/PD/AB/UA/DCPD	# of Self	# of	# of Self	# of	# of Self	# of
Coll	Propelled	Trailers	Propelled	Trailers	Propelled	Trailers
Comp/SP	Vehicles		Vehicles		Vehicles	

Statement of Losses by Policy Year for Past Three Years(Reserve amounts for outstanding losses be entered)

	Expiring Year (last 12 months)					1st Prior Year (last 13 - 24 months previous)					2nd Prior Year (25 - 36 months previous)				
	YY/MM/DD	BI	PD	Collision	Comp/SP	YY/MM/DD	BI	PD	Collision	Comp/SP	YY/MM/DD	BI	PD	Collision	Comp/SP
Paid **Losses**															
(Including adjusting expenses for															
all claims including those where															
the Applicant was not at fault or															
where no claim was paid)															
Self-insured															
losses must															
also be entered															
AND															
Current Reserves															
for Outstanding															
Losses and Claims															
Totals															