

FLEET RATING INFORMATION STATEMENT

CHECK OFF RISK TYPE BELOW AND FULLY COMPLETE ALL QUESTION NUMBER INDICATED

<input type="checkbox"/> Hauling for others	1-12	<input type="checkbox"/> Buses (any type)	1-8, 13	<input type="checkbox"/> Motor Homes; Campers	1-8, 16
<input type="checkbox"/> Contractors, Road Construction	1-12	<input type="checkbox"/> Car or Van Pools	1-8, 14	<input type="checkbox"/> Police or Fire vehicles	1-8, 17
<input type="checkbox"/> Taxis; Limousines (Plus Questionnaire)	1-8	<input type="checkbox"/> Driving Schools	1-8, 15	<input type="checkbox"/> Any other type	1-12

PART A - GENERAL INFORMATION

1.(a) NAME OF APPLICANT (Include all operating names and subsidiaries and co-owners) _____	1.(b) Number of years in business. _____
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2. ADDRESS (Street & Number, City, Province, Postal Code)

3. BUSINESS TYPE (check as appropriate)

<input type="checkbox"/> Common Carriers	<input type="checkbox"/> Delivery, Wholesale	<input type="checkbox"/> Road Construction	<input type="checkbox"/> Taxis/Limo's	<input type="checkbox"/> Artisan Use Only
<input type="checkbox"/> Contract Carriers	<input type="checkbox"/> Delivery, Retail	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Driving School	<input type="checkbox"/> Farmer
<input type="checkbox"/> Private Carriers	<input type="checkbox"/> Courier Service	<input type="checkbox"/> Towing Service	<input type="checkbox"/> Bus Service	<input type="checkbox"/> Leasing to Others
<input type="checkbox"/> Others (specify) _____				

4. Will the Applicant transport Explosives or Radioactive Material? Yes No
If 'yes', complete, sign and attach the appropriate questionnaire

5. Are any vehicle modified in any way? Yes No *If 'yes', specify vehicle(s) and modification(s):*

6. Do any of the vehicles have permanently-mounted equipment designed for non-driving use? Yes No
If 'yes' specify the vehicle(s) and equipment:

7. List any regular or occasional destination beyond 25 miles (40 kilometers) of any vehicle's garage location plus ALL destinations in the United States.

8.(a) Specify which vehicles of ANY type are used for non-pleasure travel beyond 25 miles (40 kilometers) of their garage location; include the minimum radius of operation in miles (M) or kilometers (KM) for each.

(b) on the Schedule of Automobiles, show the percentage of U.S. operation in the 'USA' column beside any vehicle that will operate in the USA.

9. Check appropriate boxes to indicate merchandise carried:

<input type="checkbox"/> Sand & Gravel	<input type="checkbox"/> Petroleum Products*	<input type="checkbox"/> Steel	<input type="checkbox"/> Dairy Products	<input type="checkbox"/> Courier or Parcel Delivery
<input type="checkbox"/> Building Materials	<input type="checkbox"/> Acids, Chemicals*	<input type="checkbox"/> Lumber	<input type="checkbox"/> Newspaper Delivery	<input type="checkbox"/> Oil Drilling/Exploration
<input type="checkbox"/> Scrap	<input type="checkbox"/> Liquid Waste*	<input type="checkbox"/> Logging	<input type="checkbox"/> Livestock	<input type="checkbox"/> Service Equipment only
<input type="checkbox"/> Other (specify) _____				

* Give details on a separate page; have Applicant sign it and attach it to this form.

10. Does the Applicant operate trailer-trains? Yes No *If 'yes' identify all vehicles that will form any part of a train.*

11. Does the Applicant need SEF 27 - legal liability for damage to non-owned vehicles? Yes No *if 'yes', specify:*
 (a) Average number of vehicle at any one time and their average value \$
 (b) Maximum number of vehicles at any one time and their collective maximum value \$
 (c) what is the value of the most expensive unit? \$

12. Are any of the vehicle used for other than their regular and usual purpose during any part of the year (e.g. snow removal, road salting)
 Yes No
If 'yes', specify both (a) which vehicles will be so used and their use, and (b) the number of months such use will be in effect.

COMPLETE SIDE 2, IF REQUIRED, AND SIGN WHERE NOTED.

PART A - GENERAL INFORMATION (continued)

13. For buses of ANY type, show 'number of seats' in the 'Buses' column of the 'Automobile Fleet Schedule' and complete the appropriate section below:

(a) Public Bus Services (check one or more as appropriate)

- Regular route(s) in a city or town
- Regular service between towns - list all regular destinations and the one way distance in kilometers;

Charter services - show destinations and the number of trips per bus per month, on average:

(b) School Buses - are vehicles used for charter service also? Yes No *If 'yes', list the number of trips per months for each bus, averaged _____ and the maximum number of buses used in charter service _____*

(c) Private Buses - are vehicles used only for the transport of employees to and from work? Yes No *If 'no', specify the other uses and frequency thereof (including any charter work).*

14. Are any vehicles used in car or van pools? Yes No *If 'yes', identify all vehicles on the schedule so used and, in the Buses' column, show the maximum number of passengers that each vehicle can carry.*

15. (a) If the Applicant operates any Driving School vehicles, are all such vehicles dual equipped? Yes No.
If 'no', specify which vehicles do not have dual equipment.

(b) Specify type of Driving School operated (check one):

- Commercial Driving School
- Secondary School, College or University Drivers Training Course

16. Are any motor homes, camper motor vehicles, home trailers or other private-use trailers used for non-pleasure purposes or for renting to others?

- Yes No *If 'yes', specify the items, the use, and the frequency of such use.*

17. If any vehicles are for use by a Fire or Police Department, identify any vehicles on the schedule that will be used for patrol or Emergency.

PART B - FILINGS REQUIRED

List all Federal, provincial, Municipal or United States filings required.

Province, State, City or ICC

Docket# (if any)

Specify exact name required on the filing

Province, State, City or ICC	Docket# (if any)	Specify exact name required on the filing
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART C - DECLARATION

I/we certify all the statements made or answers given in Parts A and B of this document to be correct.

Dated _____ 20 _____

Signed _____

Applicant