

# COMMERCIAL VEHICLE SUPPLEMENT

BROKER CLIENT ID

INSURANCE COMPANY (HEREINAFTER CALLED THE INSURER)	POLICY NO. ASSIGNED	BROKER/AGENT
APPLICANT - Full name and postal address (include county, district)	BUSINESS TELEPHONE	LEASED AUTOMOBILE - Lessor's full name and postal address
	RESIDENCE TELEPHONE	
	FAX	

**1. GIVE DETAILS OF ALL ACCIDENTS AND CLAIMS ARISING FROM THE OWNERSHIP OF ANY AUTOMOBILE DURING THE PAST 6 YEARS, NOT ALREADY LISTED IN THE AUTO APPLICATION**

DRIVER NO.	AUTO NO.	DATE (YYY/MM/DD)	*TYPE OF CLAIM	AMOUNT PAID OR ESTIMATE	DESCRIPTION (USE REMARKS SECTION IF NECESSARY)

\* BI - BODILY INJURY; PD - PROPERTY DAMAGE; AB - ACCIDENT BENEFITS; DC - PD DIRECT COMPENSATION - PROPERTY DAMAGE; COLL - COLLISION; AP - ALL PERILS; COMP - COMPREHENSIVE; SP - SPECIFIED PERILS

**2. BUSINESS TYPE - CHECK AS APPROPRIATE (NOTE L=LIGHT H=HEAVY: FOR ITEMS MARKED WITH AN ASTERISK AND NUMBER. THE APPLICABLE ITEM ON PAGE 2 MUST BE COMPLETED)**

<input type="checkbox"/> COMMON CARRIERS	<input type="checkbox"/> L	<input type="checkbox"/> H	<input type="checkbox"/> COURIER SERVICE	<input type="checkbox"/> L	<input type="checkbox"/> H	<input type="checkbox"/> DRIVING SCHOOL COMPLETE ITEM (*19)	<input type="checkbox"/> L	<input type="checkbox"/> H	<input type="checkbox"/> PICK UP CUSTOMER GOODS	<input type="checkbox"/> L	<input type="checkbox"/> H
<input type="checkbox"/> CONTRACT CARRIERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ROAD CONSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BUS SERVICE COMPLETE ITEM (*22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PRIVATE CARRIERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GENERAL CONTRACTOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ARTISAN USE ONLY COMPLETE ITEM (*17)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DELIVERY, WHOLESALE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TOWING SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FARMER	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DELIVERY, RETAIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TAXIS/LIMOS COMPLETE ITEM (*23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LEASING TO OTHERS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

3. HOW MANY YEARS HAS THE APPLICANT OWNED OR LEASED EACH COMMERCIAL AUTOMOBILE OR ANY AUTOMOBILE IT REPLACES?	AUTO NO.	NEVER	DAILY	WEEKLY	OTHER	SPECIFY
1	1					
2	2					
3	3					

**5. (A) PARTICULARS OF THE MERCHANDISE CARRIED**

AUTO NO.	MERCHANDISE CARRIED	ARE GOODS CARRIED FOR COMPENSATION?		MAXIMUM VALUE PER AUTOMOBILE
		YES	NO	
1				
2				
3				

**5. (B) DESCRIBE IN DETAIL ANY OF THE ABOVE THAT ARE DANGEROUS GOODS AS DEFINED IN THE TRANSPORTATION OF DANGEROUS GOODS ACT. NOTE: IF EXPLOSIVES OR RADIOACTIVE MATERIAL IS CARRIED, COMPLETE, SIGN, AND ATTACH APPROPRIATE QUESTIONNAIRE.**

**5. (C) IDENTIFY AUTOMOBILES HAULING GOODS OF OTHERS UNDER EXCLUSIVE CONTRACT.**

**5. (D) PARTICULARS OF CARGO INSURANCE**

INSURER	POLICY NO.	AMOUNT	EXPIRY DATE (YYYY   MM   DD)

**6. PARTICULARS OF TRAVEL**

AUTO NO.	LOCATION USUALLY KEPT	ONE WAY DISTANCE (KMS)		% OF TOTAL TRIPS		NO. OF TRIPS PER MONTH BEYOND A 40 KM RADIUS FROM PLACE USUALLY KEPT	DESTINATIONS (LIST CITIES, PROVINCES, AND STATES)
		NORMAL RADIUS (I)	MAXIMUM RADIUS (II)	(I)	(II)		
1							
2							
3							

**7. 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

**8. DESCRIBE ANY MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO AUTOMOBILES**

AUTO NO.	DESCRIPTION	OWNED	LEASED	PURCHASE PRICE
1				
2				
3				

**9. IS THE AUTOMOBILE USED TO HAUL ANY NON-OWNED TRAILERS? EXPLAIN ALL "YES" RESPONSES IN REMARKS**

AUTO NO.	YES	NO	LENGTH	WIDTH	TRAILER TONNAGE OR CAPACITY (LITRES)	YEAR	MAKE	TYPE	V.I.N.	COST NEW PRICE	IS TRAILER OPERATED BEYOND 80 KM RADIUS?		IS TRAILER USED IN CONNECTION WITH APPL'S OCCUPATION?		
											YES	NO	YES	NO	
1															
2															
3															

PLEASE CONTINUE ON PAGE 2

10. IS ANY DESCRIBED VEHICLE LEASED OR RENTED TO OTHERS?				11. STATE % OF PLEASURE USE		12. IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN			13. ARE ANY OF THE AUTOMOBILES USED FOR OTHER THAN THEIR REGULAR AND USUAL PURPOSE DURING ANY PART OF THE YEAR (EG SNOW REMOVAL, ROAD SALTING)?					
YES	NO	AUTO NO.	LEASED CONTRACT PERIOD (YYYY/MM/DD)	AUTO NO.	PLEASURE USE	AUTO NO.	DESCRIPTION	YES	NO	AUTO NO.	NO. OF MONTHS	DESCRIPTION		
			YYYY   MM   DD		%									
			YYYY   MM   DD		%									
			YYYY   MM   DD		%									

14. DOES THE APPLICANT NEED OPCF/SEF/QEF/NBEF 27/27B LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES?  YES  NO IF "YES" SPECIFY:

(A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT?		(B) TYPE OF NON-OWNED AUTOMOBILE		(C) AVERAGE NO. OF AUTOMOBILES AT ANY ONE TIME		AND THEIR AVERAGE VALUE		(D) MAXIMUM NO. OF AUTOMOBILES AT ANY ONE TIME		AND THEIR COLLECTIVE MAXIMUM VALUE		(E) WHAT IS THE VALUE OF THE MOST EXPENSIVE UNIT?	
YES	NO	AUTO NO.	SPECIFY				\$			\$		\$	

15. MAX. NUMBER OF PASSENGERS NORMALLY CARRIED		MAX. NUMBER OF PERMANENTLY ATTACHED SEATS		16. DRIVER INFORMATION				LICENCE NUMBER		DATE FIRST LICENCED TO DRIVE (YYYY/MM/DD)	
AUTO NO.				DRIVER NO.	AUTO NO.	NAME					
										YYYY   MM   DD	
										YYYY   MM   DD	
										YYYY   MM   DD	

COMPLETE FOLLOWING QUESTIONS IF APPLICABLE

17. ARTISAN AVG. NO. OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY:				19. DRIVER SCHOOL AUTOMOBILES																								
IS THE VEHICLE ALSO USED FOR PLEASURE? <input type="checkbox"/> YES <input type="checkbox"/> NO				(A) INDICATE WHICH AUTOS ARE DUAL EQUIPPED				(B) CHECK TYPE OF SCHOOL OPERATED				(C) CHECK ALL EXPOSURES THAT APPLY																
18. CAR AND VAN POOLS ARE ANY AUTOMOBILES USED IN A CAR OR VAN POOL?								COMMERCIAL DRIVING SCHOOL?				SCHOOL/COLLEGE/ DRIVER TRAINING COURSE?				PUBLIC ROADS?				EMPTY VEHICLE?				TRANSPORT GOODS FOR OTHERS?				
AUTO NO.	NO	YES	MAX. NO. OF PASSENGERS	REMARKS				AUTO NO.	YES	NO	AUTO NO.	YES	NO	AUTO NO.	YES	NO	AUTO NO.	YES	NO	AUTO NO.	YES	NO	AUTO NO.	YES	NO	AUTO NO.	YES	NO

20. FIRE, POLICE, AMBULANCE, AND FUNERAL DIRECTOR AUTOMOBILES				21. RECREATIONAL VEHICLES USED FOR COMMERCIAL PURPOSES													
IF "YES", PROVIDE DETAILS OF SUCH USE				ARE ANY CAMPER MOTOR VEHICLES, MOTOR HOMES, HOME TRAILERS, OR OTHER RECREATIONAL TYPE AUTOMOBILES USED FOR NON-PLEASURE PURPOSES? IF "YES", SPECIFY THE ITEMS, THE USE AND THE FREQUENCY OF SUCH USE													
YES	NO	AUTO NO.		YES	NO	AUTO NO.											

22. BUSES										(B) PUBLIC BUS SERVICE (CHECK ALL THAT APPLY)											
(A) INDICATE TYPE OF BUS:																					
AUTO NO.	PUBLIC	SCHOOL	HOTEL OR COUNTRY CLUBS	PRIVATE	OTHER	REMARKS				REGULAR ROUTE(S) IN A CITY OR TOWN			REGULAR SERVICE BETWEEN TOWNS			CHARTER SERVICE					
IF REGULAR PUBLIC BUS SERVICE BETWEEN TOWNS - LIST ALL REGULAR DESTINATIONS AND THE ONE WAY DISTANCE IN KILOMETERS										(C) SCHOOL BUSES - ARE AUTOMOBILES ALSO USED FOR CHARTER SERVICE?				(D) PRIVATE BUSES - ARE AUTOMOBILES USED ONLY FOR THE TRANSPORT OF EMPLOYEES TO AND FROM WORK?							
IF CHARTER SERVICE - SHOW DESTINATIONS AND THE NO. TRIPS PER MONTH ON AVERAGE										YES	NO	AUTO NO.	NO. TRIPS PER MONTH EACH BUS	MAXIMUM NO. BUSES USED IN CHARTER SERVICE	YES	NO	IF "NO", SPECIFY OTHER USES AND FREQ. THEREOF (INCL. CHARTER WORK)				
												1									
												2									
												3									

23. TAXIS AND LIMOUSINES										(A) PARTICULARS									
AUTO NO.	LICENSE PLATE NO.	TAXI AND PLATE NO.	TAXI PLATE LICENSING AUTHORITY			NAME OF TAXI PLATE OWNER				PLATE OWNER ADDRESS									
1																			
2																			
3																			

(B) ARE INSURED AUTOS BROKER/DISPATCHED BY OTHER THAN REGISTERED OWNER?				(C) IS THE INSURED AUTOMOBILE/PLATE LEASED TO OTHERS?													
YES	NO	AUTO NO.	IF "YES", GIVE NAME OF BROKER/DISPATCHER	YES	NO	AUTO NO.	IF "YES", GIVE NAME AND ADDRESS OF LESSEES										

(D) ARE ANY AUTOMOBILES USED FOR OTHER THAN TAXI OR LIMOUSINE SERVICES?				(E) IF LIMO, SPECIFY SERVICE (AIRPORT, WEDDINGS, ETC)											
YES	NO	AUTO NO.	IF "YES", SPECIFY TYPE OF SERVICE PROVIDED												

REMARKS