



CANAL Canal Truck Insurance Application

Insurance Indemnity Sections 1 through 6 must be completed for a quote indication. Sections 7 through 9 must be completed in order to bind.

1. General Information

Applicant Legal Name		Form of Business <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust			
Company Name (DBA) (if any)		Principal or Majority Owner (please include all principals)			
Tax Identification Number or Social Security Number (If provided, certificates of insurance may be accessed from www.canal-ins.com 24 hours a day)					
Location of Business Premises or Physical Address				Telephone Number	Mobile Phone Number
City	State	Zip Code	County		
Location Is: <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits					
Mailing Address (if different than above)					
City	State	Zip Code	County		

Please enter the month and year the current operations began: Month: _____ Year: _____

Policy Type	<input type="checkbox"/> Scheduled Vehicle	<input type="checkbox"/> Gross Receipts	<input type="checkbox"/> Gross Mileage				
Business Class	<input type="checkbox"/> For Hire Trucking	<input type="checkbox"/> Private Carrier	<input type="checkbox"/> Non Trucking				
For-Hire and Private Operations	<input type="checkbox"/> Auto or Boat	<input type="checkbox"/> Container	<input type="checkbox"/> Drive-Away	<input type="checkbox"/> Dry Bulk or Farm Products	<input type="checkbox"/> Dry Van / Box	<input type="checkbox"/> Dry Van- Doubles	<input type="checkbox"/> Dump
	<input type="checkbox"/> Dump-Coal	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock	<input type="checkbox"/> Log or Pulp	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Special Type Operations
	<input type="checkbox"/> Tanker-Fuel	<input type="checkbox"/> Tanker- Liquids or Compressed Gasses	<input type="checkbox"/> Towing and Recovery	<input type="checkbox"/> Waste / Garbage			

Commodities Transported (Please be specific - general freight and miscellaneous is not acceptable)

%	Commodity	%	Commodity
Please enter the percentage of loads received from a broker:			

Indicate Policy Term and Payment Method

Short Term Policy: Desired Expiration Date _____ (no payment plan available for short term policies)

Annual Policy: Full Payment to Company Company Payment Plan

Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)

Continuous Until Cancelled Policy (2 month escrow deposit and monthly billing)

2. Motor Carrier Filings

MCS-90 Requested: Yes No **Authority Type:** Common Contract Brokerage

MC# _____ **DOT #** _____

3. History

Have there been any losses in the current year or the past three years? Yes No If yes, please complete below.
Please complete for all lines of business for the current year, as well as for the three years prior, or submit loss runs.

Year	Liability		Physical Damage		Cargo		General Liability	
	# Claims	*Amount Incurred	# Claims	*Amount Incurred	# Claims	*Amount Incurred	# Claims	*Amount Incurred

Please enter the number of claims over \$100,000: _____ Please enter the dollar amount for claims over \$100,000: _____

Loss runs are required for all applicants with five or more power units. Attach separate loss runs if space provided is not sufficient. *Amount incurred should include amounts paid, reserved totals as well as any expenses.

4. Drivers

I declare the following list includes all drivers of vehicles requested to be covered under the policy including employees, leased employees, owner operators, mechanics, family members, and any other person allowed to drive an insured vehicle.

Driver Name	Years of Experience	Convictions and MVR Record	Driver License Number	License State	Year Hired	Date of Birth

5. Vehicles

Description of Vehicles (trailers must be scheduled for liability coverage to apply while detached from a covered power unit)

Unit No.	Model Year	Make and Unit Type	Vehicle Identification Number (VIN)	GVW	Radius	*Stated Value	Gap Coverage (Y/N)	**Is garaging address same as physical? (Y/N)
1								
2								
3								
4								
5								

*Only applicable if Physical Damage coverage is applied for. **If a unit is not garaged at the physical address, it is necessary to list the garaging addresses in the Additional Underwriting Information section of this application.

6. Coverage

Coverages Desired: Auto Liability Auto Physical Damage Motor Truck Cargo Truckers General Liability

Auto Liability Coverage Selection

Combined Single Limit - each accident
\$

If applying for Hired Auto coverage, please enter the annual estimated cost of hire: _____

If Non-Owned coverage is desired please enter the number of employees: _____

Is this a social service agency or charitable organization? Yes No

Auto Physical Damage Coverage Selection

Deductible Desired		Coverage Desired	
<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Collision and Specified Causes of Loss	<input type="checkbox"/> Collision and Comprehensive (where available)

Additional Auto Physical Damage Coverages Desired

Additional Towing Limit \$ (in the event of a total loss to the described unit) \$2,500 included

Trailer Interchange Limit \$ Minus \$1,000 Deductible (UIIA container haulers)

Non-Owned Trailer Limit \$ Minus \$1,000 Deductible (coverage applies only while attached to a scheduled power unit)

Motor Truck Cargo Coverage Selection

Please select the desired form: Standard Preferred

Limit Desire Per Vehicle \$ Deductible Desired \$500 \$1,000 \$2,500 \$5,000

Units that require specific limits other than above, please indicate below.

Unit No.	Desired Limit	Unit No.	Desired Limit
	\$		\$

Additional Cargo Coverages or Endorsements Desired

Refrigeration Breakdown - \$2,500 minimum deductible required Removal of Coinsurance Clause Removal of Commodities Theft

Earned Freight Increase to \$ (\$1,000 included) Debris Removal Increase to \$ (\$25,000 included)

Truckers General Liability Coverage Selection This is for businesses solely involved in "for-hire" transportation of property

Desired Limits General Aggregate - please select one \$1,000,000 \$2,000,000 Each Occurrence \$1,000,000 (included)

Employers Liability (Stop Gap) Coverage - Applicable only in ND, OH, WA and WY. Please select either yes or no.

Yes No \$1,000,000 Bodily Injury by Accident - each accident \$1,000,000 Bodily Injury by Disease - each employee \$1,000,000 Bodily Injury by Disease - each policy

7. Additional Underwriting Information

Have any drivers been convicted of any of the following? Yes No

Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, speed twenty miles or more over the speed limit or driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.

If yes, please provide driver name, conviction date and details:

Please complete all of the following:

- Yes No Do you own any other businesses?
- Yes No Have there been any changes in the ownership, management or name of the operation in the past five years?
- Yes No Are all owned and operated power units listed on this application?
- Yes No Do you have any mobile equipment subject to financial responsibility laws?
- Yes No Do you act as a freight forwarder, freight broker or arrange loads for others?
- Yes No Do you lease to others?
- Yes No Do you haul double trailers?
- Yes No Do you haul triple trailers?
- Yes No Do you allow guest passengers?
- Yes No Are any vehicles used to transport employees?
- Yes No Do you hire owner operators on a trip lease basis?
- Yes No Do you lend, lease or rent trucks, tractors or trailers to others without drivers?
- Yes No Do you agree to report all drivers to your agent prior to them driving an insured unit?
- Yes No Do you comply with all DOT regulations concerning driver employment, files and regulations?

If applying for **Non-Trucking Coverage** list name and the motor carrier number of the lessee to whom you are permanently leased.

Name of Motor Carrier:

Motor Carrier Number:

Filings Requested	Motor Carrier #	Applicant's Name and Address Exactly As It Appears On Each Permit
<input type="checkbox"/> Liability BMC 91X <input type="checkbox"/> Cargo BMC 34	MC	
<input type="checkbox"/> Liability – Form E _____ State		
<input type="checkbox"/> Oversized/Overweight		
<input type="checkbox"/> Hazardous		
<input type="checkbox"/> Cargo – Form H _____ State		
<input type="checkbox"/> SR 22- If yes explain		

Please note: The FMCSA and/or state agencies require a minimum 36 day notice of cancellation on all policies that have an MCS-90 or filings.

Certificates of Insurance	
Name	Mailing Address

Additional/Designated Insureds for Auto Liability or Truckers General Liability		
Name	Mailing Address	*Type of Additional Insured

*Please enter each desired additional/designated insured by entering the corresponding number: **Auto Liability Additional Insureds:** 1. Designated Additional Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery, 4. Additional Insured Hired/Non-Owned **General Liability Additional Insureds** A. Controlling Interest, B. Designated Person or Organization, C. Managers or Lessors of Premises, D. Mortgagee, E. Owners, Lessees or Contractors, F. Co-Owner of Insured Premises, G. Vicarious Liability for Owners, Lessees or Contractors

Please complete this section for vehicles with different ownership or different garaging addresses

Name and address of vehicle owners other than the named insured (owner types 2, 3 & 4 listed below)			
Unit No.	Name of Owner	*Ownership Type	Mailing Address

*Please enter the owner type by entering the corresponding number. 1. Owned by Named Insured, 2. Owned by Leasing Company (long term lease without a driver), 3. Owned by Owner Operator (leased with driver), 4. Owned by Employee of Named Insured (officer). Please note that coverage for owners might not be afforded if this section is not completed.

For Liability Coverage, if a unit is not garaged at the physical address of the applicant, please list the garaging addresses for each unit			
Unit No.	Street Address		
City	State	Zip Code	County
Unit No.	Street Address		
City	State	Zip Code	County

Please complete this section for Auto Physical Damage Loss Payees		
Unit No.	Name of Loss Payee	Loss Payee Complete Address
Please List The Name and Address of Owners of Non-Owned Trailers		
Name of Owner	Address of Owner	

Please complete this section if Truckers General Liability coverage is desired				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you haul bulk fuel? If yes, a \$1,000 deductible applies. If desired, please indicate an optional higher deductible \$
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you repair or service vehicles of others?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you have dogs at premises? (see exclusion endorsement)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you carry a firearm? (see exclusion endorsement)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you generate income from other activities besides the operation of the trucks?
Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)				
Please list all premises owned or rented				
Street Address				
City	State	Zip Code	County	

8. MVR AND CREDIT REPORT ACKNOWLEDGEMENT

I authorize Canal to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

Disclosure: In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize Canal to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Canal.

Applicant's Signature

Date

9. ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy. I further understand and agree that the Company requires all units to be scheduled if I have requested an MCS-90 or filings.

I recognize that all or parts of my operations are under the Department of Transportation oversight requiring me to adhere to their rules and regulations. I acknowledge that DOT rules and regulations are understood by me, and I will adhere to the rules and regulations including, but not limited to, driver hiring, vehicle inspection, maintenance and hours of service.

Signature of **APPLICANT** X

Type or Print Applicant Name _____

Title or Relationship to Applicant _____

Date and Time Application Completed _____

Requested Effective Date and Time _____

Signature of **AGENT**
of the Applicant X

Agency Name _____

Address of Agency _____

Canal General Agent Use Only

Date and Time Bound: _____

