



TRUCKMEN COMMERCIAL APPLICATION

HEAD OFFICE – SASKATOON, SASK.

<input type="checkbox"/> NEW BUSINESS		<input type="checkbox"/> RENEWAL		<input type="checkbox"/> QUOTATION ONLY		<input type="checkbox"/> REPLACING POLICY NO.		
AGENT/BROKER						AGENCY NO.		
EFFECTIVE DATE	DAY	MONTH	YEAR	EXPIRY DATE	DAY	MONTH	YEAR	12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.
NAMED INSURED AND MAILING ADDRESS:								
COMPREHENSIVE GENERAL LIABILITY:								
LIMIT \$			INCLUSIVE			PREMIUM: \$		
CARGO COVERAGE:								
TRUCKMEN'S FORM		<input type="checkbox"/> Named Perils		<input type="checkbox"/> Broad		Premium \$		
OWNER'S FORM		<input type="checkbox"/> Named Perils		<input type="checkbox"/> Broad		Premium \$		

Description of Vehicles				Deductible \$
	Year	Make	Serial Number	Limit of Insurance
1				\$
2				\$
3				\$
4				\$
Endorsements (Indicate Vehicle Number)				

UNDERWRITING INFORMATION:

1. Total Number of Heavy Trucks Owned? _____
2. Gross Annual Receipts from Trucking Operations? _____
3. Are any other business activities outside of trucking carried on in the insured's name? Yes No
If yes, describe: _____
4. List Provinces and States where hauling takes place _____
5. Radius of Operation _____
6. Description of Commodities or Freight being hauled _____

Loss Experience

PROVIDE DETAILS OF ANY LOSSES OR CLAIMS WHICH HAVE OCCURRED DURING THE LAST 5 YEARS. IF NONE, PLEASE SO INDICATE.

Date	Amount	Cause of Loss	Corrective Measures, if any taken to prevent recurrence

HAS ANY FORM OF INSURANCE ON YOUR PROPERTY EVER BEEN CANCELLED, DECLINED OR HAS RENEWAL BEEN REFUSED OR SPECIAL/RESTRICTIVE TERMS IMPOSED? IF SO, PROVIDE DETAILS:

Name of Previous Insurer _____ Policy Number _____

DISCLOSURE

Where (a) an Applicant for a contract, (i) gives false particulars to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim under the contract, a claim by the Insured is invalid and the right of the Insured to recover indemnity is forfeited.

Consent

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results.

I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature of Applicant _____ Date _____

Agent's Remarks (Questions (a) to (e) must be answered by Agent/Salesperson)

- (a) Is this new business to your Agency? Yes No
- (b) Do you know the Applicant personally? Yes No If so, for how long? _____
Can and do you recommend all the Applicant(s) as persons of honesty and financial stability? Yes No
- (c) Does the risk qualify for the Coverage applied for? (i.e. All Risk) Yes No If "No", explain _____
- (d) Do you recommend acceptance of this Risk? Yes No If "No", explain _____

Signature of Agent/Salesperson _____ Date _____