



[Inland Marine Package Application]
COMMERCIAL VEHICLE SUPPLEMENT
Use with any Inland Marine Contractors Application



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COMMERCIAL VEHICLE SUPPLEMENT

Use this supplement along with any Inland Marine Package Application which includes licensed or unlicensed vehicle physical damage coverage, cargo coverage, or CGL coverage extended to unlicensed vehicles operating on private roads.

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____
 Name of Applicant: _____

PART 2 FLEET INFORMATION

DRIVER INFORMATION:

No of drivers employed: _____ Full-time: _____ Part-time: _____ Owners & Lease Operators: _____
 What is the minimum age of a driver before being eligible for employment? _____ Yrs.
 What is the minimum number of years commercial trucking experience required? _____ Yrs.

Does the Driver selection process include:

Road Test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Employment Medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reference Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Review of Driver Abstracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mountain Experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Test?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Certifications (GODI, WHMIS, TDG, H2S Alive, Oilfield Hauling, CTHRD, PTDI) **please list on Drivers List or attach Certificates**

ARE ANY TRUCKS EQUIPPED WITH:	PLEASE DESCRIBE
Alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
GPS Tracking? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Two-Way Radios? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cellular Telephones? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Two Person Crews <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Any other security feature: _____	_____

SAFETY PROCEDURES:

Is there a Full-time Safety Supervisor? Yes No
 Is there a "No Loss Bonus" Program? Yes No
 If Yes to above, what percentage of drivers qualifies for the "No Loss Bonus" on average? _____ %
 Do drivers (or operators) share in the deductible if there is a "loss"? Yes No
 Is there a preventative maintenance program in place? Yes No

Are written records of vehicle maintenance / condition maintained? Yes No

How often are controlled inspections of the vehicles performed? # _____ per _____

How often are Staff Meetings held? # _____ per _____

Are drivers debriefed after any incident or "loss"? Yes No

Are records kept of all incidents and driver debriefs? Yes No

PLEASE CHECK ATTACHMENTS INCLUDED WITH THIS APPLICATION:

- Yes Driver Listing and Date Hired
- Yes Driver's Abstracts
- Yes Carrier's NSC Audit Report / Carrier Profile (Fleet Safety) Report
- Yes Truck/Tractor Schedule
- Yes Trailer Schedule
- Yes Current loss runs for the past 5 years
- Yes Bill of Lading, or Contract of Carriage (if applicable)

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____