



## Fleet Transportation Insurance Survey

### Western Region

(Ten or More Power Units)

Introduction	2
General Information	3
Operational Details	4
Automobile Insurance	5
Non-Owned Automobile Insurance	7
Cargo Insurance	8
Warehouseman's Legal Liability	8
Commercial General Liability Insurance	9
Required Materials to Be Attached	10
Details of Territorial Range	11
Details of Commodities Carried	12
Driver Information	13
Vehicle Information	14
Electronic and Other Equipment	15
Warehouseman's Legal Liability ( supplemental forms)	16



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To the applicant/broker:

In accordance with the various provincial statutes governing automobile insurance, a fully completed and signed Standard Automobile Application Form (or regional equivalent) is required.

Supplemental information required to assess, price and underwrite insurance products offered by Markel Insurance Company of Canada is listed herein.

Markel Insurance Canada will accept this survey or the equivalent information in electronic (MS or MS compatible) or document form. Your cooperation with the provision of full information as requested will assist us in delivering our best price offering and quotation service.

Incomplete information may result in delays, problems with pricing, or refusal to offer insurance.

If you have any questions, please contact our Underwriting Department or your Markel Regional Sales Manager.

## GENERAL INFORMATION

**Applicant's Business Name: (Identify all operating divisions, if any, on a separate page)**

**Mailing Address:**

**Business Address:**

**Email Address:**

**Email Address:**

**Phone No.:**

**Phone No.:**

**Current Expiry date:** MM / DD / YYYY

**Proposed Effective date:** MM / DD / YYYY

**Business is: (check all that apply)**

Common Carrier

Contract Carrier

Private Carrier

Other (describe)

**Full names and titles of officers, owners, partners:**

**Number of years operating this business:**

**Number of years operating a similar business prior to operating this business (please identify):**

**Please provide the following identifiers:**

**Carrier Profile #** \_\_\_\_\_ **(Western)**      **N.S.C.#** \_\_\_\_\_

**U.S. DOT #** \_\_\_\_\_ **I.C.C. Docket #** \_\_\_\_\_

**Please provide the following information for a Markel Safety and Training Services visit:**

**Name of Contact:**

**Email Address:**

**Phone No.:**

## OPERATIONAL DETAILS

	Estimated for the coming year	Current/expiring year estimates	Immediate prior year	Second prior year
Average number of tractors				
Average number of straight trucks				
Average number of trailers				
Average number of other cargo carrying vehicles				
Average number of tractors used exclusively to move trailers and cargo within the terminal yard				
Gross revenue from carrying cargo				
Total fleet mileage for cargo carrying vehicles				
Average number of vehicles not used to carry cargo (I.e. sales and executive vehicles)				

1. Are hazardous, volatile, explosive, flammable and/or corrosive goods carried?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Does applicant carry Intermodal (containerized) cargo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Is there a written safety program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Safety Supervisor's Name
4. Is there a written maintenance program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Maintenance Supervisor's Name
5. Are all drivers checked for previous experience, convictions and accident records before hiring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	By who?
6. Over what length of time are new drivers apprenticed (constantly supervised by an experienced driver)?			

## AUTOMOBILE INSURANCE

### Current Carrier Information

Current automobile insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

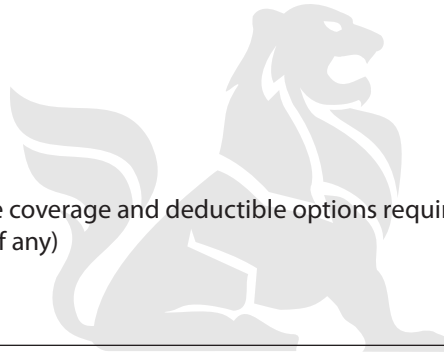
### Coverage Requested

Bodily Injury and  
Property Damage Liability \$ \_\_\_\_\_ CSL

\$ \_\_\_\_\_ deductible applicable to BI/PD/both

Accident Benefits as required by law.

**Physical Damage** (please describe the coverage and deductible options required, and the variations for each vehicle type, if any)



MARKEL

**AUTOMOBILE INSURANCE (continued)**

**Additional Features**

**5 – Permission to Rent or Lease**

Yes  No

**20 – Loss of Use**

\$ \_\_\_\_\_ per day

\$ \_\_\_\_\_ maximum

Covering the following types of vehicles:

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**21 – Blanket basis Fleet Endorsement**

- 21A  mileage
- 21A  revenue
- 21B  annual
- 21B  quarterly

**23A – Lienholder Protection**

Attach a list of lienholders and describe their interest

Yes  No

**27B – Liability for Damage to Non-Owned Automobiles**

Covering the following types of vehicles:

\$ \_\_\_\_\_ limit

\$ \_\_\_\_\_ deductible

**43 – Waiver of Depreciation**

(Available for PPV and Commercial Vehicles under 4,500 kg/10,000 lb. GVW only, only up to 30 months from new purchase)

Yes  No

**44 – Family Protection**

(Available for PPV and Commercial Vehicles under 4,500 kg/10,000 lb. GVW only for vehicles classified for 100% use in Canada only.)

\$ \_\_\_\_\_ limit  
maximum limit of \$1,000,000

**Other – please specify:**

## NON-OWNED AUTOMOBILE INSURANCE

### Declarations

Non-Owned automobile exposure

- a. Number of employees whose duties involve the regular use of vehicles not owned by the applicant.  
Private Passenger \_\_\_\_\_ Commercial Vehicles \_\_\_\_\_
- b. Annual cost of vehicles hired by applicant:
  - i. with primary insurance provided by the rental agency \$ \_\_\_\_\_
  - ii. without primary insurance provided by the rental agency \$ \_\_\_\_\_
- c. Annual cost of trucking subcontracted to others \$ \_\_\_\_\_

### Coverage requested

#### SPF #6 – Non-Owned Automobile Liability Coverage

Yes  No

Bodily Injury and Property Damage Liability \$ \_\_\_\_\_ Combined Single Limit

**(99 – Excluding Long Term Leased Vehicles endorsement will apply in all cases)**

#### 27B – Liability for Damage to Non-Owned Automobiles

Yes  No

All Perils \$ \_\_\_\_\_ deductible  
Collision \$ \_\_\_\_\_ deductible  
Comprehensive \$ \_\_\_\_\_ deductible  
Specified Perils \$ \_\_\_\_\_ deductible

#### 94 – Liability for Damage to Hired Automobiles

Yes  No

All Perils \$ \_\_\_\_\_ deductible  
Collision \$ \_\_\_\_\_ deductible  
Comprehensive \$ \_\_\_\_\_ deductible  
Specified Perils \$ \_\_\_\_\_ deductible

#### 96 – Contractual Liability

Yes  No

## CARGO INSURANCE

Current cargo insurance carrier:

Policy #:

Limits Requested: Truckmen Cargo Liability			
Per Conveyance	Terminal Exposure	Catastrophe	Deductible Requested
\$	\$	\$	\$

**Is Contingent Cargo Legal Liability Insurance required?**

Yes  No

(a) Does the Applicant regularly use the same truckers for subcontracted work?

Yes  No

(b) Is the Applicant added as an additional insured to subcontractor's cargo policy?

Yes  No

(c) Does the Applicant receive Certificates of Insurance for each subcontractors cargo policy?

Yes  No

(d) Does the Applicant receive notice in the event that any subcontractors cargo policy is cancelled?

Yes  No

**Is Debris Removal Insurance required?**

Yes  No

**Is Earned Freight Insurance required?**

Yes  No

**Is coverage required for cargo owned by the Applicant?**

Yes  No

Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

**Does the applicant have any contracts with shippers that stipulate limits of liability that are required to supercede the applicant's standard Bill of Lading?**

Yes  No

## WAREHOUSEMEN'S LEGAL LIABILITY (W.L.L.) INSURANCE

**1. Does applicant require Warehousemen's Legal Liability insurance?**

Yes  No

Current W.L.L. insurance carrier:

Policy #:

<b>Full address including postal code</b>	<b>Same as Business Address</b> <input type="checkbox"/> <b>or</b> <small>if more warehousing locations are required, please complete Schedule #6</small>
<b>Area (size)</b>	Occupied as _____ sq ft. _____ % Refrigerated _____
<b>Amount of Coverage and deductible proposed</b>	\$ _____ Limit of Insurance      \$ _____ Deductible
<b>Wall Construction</b>	<input type="checkbox"/> Frame <input type="checkbox"/> Metal Clad <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete
<b>Sprinkler Protection</b>	<input type="checkbox"/> None <input type="checkbox"/> Local Alarm <input type="checkbox"/> Monitored Alarm <input type="checkbox"/> Central Station
<b>Burglary Protection</b>	<input type="checkbox"/> None <input type="checkbox"/> Local Alarm <input type="checkbox"/> Monitored Alarm <input type="checkbox"/> Central Station
<b>Physical Protection</b>	<input type="checkbox"/> None <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Patrol Service <input type="checkbox"/> Full-Time Watchman

## COMMERCIAL GENERAL LIABILITY INSURANCE

Coverage requested	Limits	Deductibles
Bodily Injury and Property Damage Liability	\$ _____ occurrence \$ _____ aggregate	\$ _____ applicable to BI - PD – both
Personal Injury	\$ _____ claim	Same as BI/PD
Medical Payments	\$ _____ per person \$ _____ per event	
Tenant's Legal Liability	\$ _____ occurrence Broad form <input type="checkbox"/> Standard form <input type="checkbox"/>	\$ _____

2. Total Revenue from sources other than carrying cargo (please describe for each year).
  
3. Please identify all operations engaged in the past five years (including discontinued operations) other than trucking.
  
4. Is there any known or anticipated exposure to contractual liability assumed (please describe)?

**REQUIRED MATERIAL TO BE ATTACHED.**

1. FUEL TAX REPORTS / PRORATE SHEETS (TWO YEARS OF DATA IF AVAILABLE)
2. PRIOR INSURER'S DETAILED LOSS RUNS – INCLUDING AUTO, CARGO AND CGL FOR THE PRIOR THREE YEARS.  
*(Accounts Over Fifty Power Units – Please Also Attach A Separate Exhibit Showing Gross Loss Runs From First Dollar. This Exhibit May Come From Applicant's Records.)*
3. DETAILS OF TERRITORY TRAVELLED.  
Schedule # 1 attached may be used if desired
4. BREAKDOWN OF THE TYPE OF COMMODITIES CARRIED.  
Schedule # 2 attached may be used if desired
5. COMPLETE LIST OF DRIVERS INCLUDING DRIVERS LICENSE NUMBERS AND YEARS OF EXPERIENCE, OR CURRENT MOTOR VEHICLE ABSTRACTS FOR ALL DRIVERS.  
Schedule # 3 attached may be used if desired
6. COPIES OF ALL WRITTEN AGREEMENTS, CONTRACTS & BILLS OF LADING INCLUDING OWNER OPERATOR CONTRACTS. (where applicable)
7. COPY OF TAX EXEMPTION CERTIFICATE.
8. DETAILED BREAKDOWN OF ALL VEHICLES, INCLUDING THEIR NORMAL RADIUS OF OPERATIONS.  
Schedule # 4 may be used if desired
9. DETAILS OF ATTACHED MACHINERY, ELECTRONIC DEVICES OR SPECIAL EQUIPMENT.  
Schedule #5 may be used if desired
10. DETAILS IF WAREHOUSEMEN'S LEGAL LIABILITY IS REQUIRED.  
Schedule #6 may be used if desired

**The applicant confirms that the above statements as well as the information included in attached schedules or supporting documents are true and that no material facts have been withheld or misrepresented. The applicant agrees that any insurance quotation, or policy subsequently issued is materially based on the truth and completeness of the information provided to the insurance company. Completion of this form does not constitute an offer of insurance by the insurance company.**

Signed \_\_\_\_\_ Print \_\_\_\_\_  
APPLICANT APPLICANT

Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Brokerage \_\_\_\_\_ Name of Producer \_\_\_\_\_

**THIS FORM IS A SUPPLEMENT TO, AND MUST ACCOMPANY A COMPLETED STANDARD PROVINCIAL AUTOMOBILE APPLICATION IF A COVERAGE QUOTATION IS BOUND.**

## DETAILS OF TERRITORIAL RANGE (Schedule #1)

**Estimate the percentage of mileage to be driven in each state/province.**

Unless described otherwise, we will assume that all cargo carrying vehicles travel the territories described below.

CANADA		U.S.A			
Alberta	%	Alabama	%	Montana	%
British Columbia	%	Alaska	%	Nebraska	%
Manitoba	%	Arizona	%	Nevada	%
New Brunswick	%	Arkansas	%	New Hampshire	%
Newfoundland	%	California	%	New Jersey	%
Nova Scotia	%	Colorado	%	New Mexico	%
Nunavut	%	Connecticut	%	New York	%
N.W.T.	%	Delaware	%	N. Carolina	%
Ontario	%	D. Columbia	%	N. Dakota	%
P.E.I.	%	Florida	%	Ohio	%
Quebec	%	Georgia	%	Oklahoma	%
Saskatchewan	%	Idaho	%	Oregon	%
Yukon	%	Illinois	%	Pennsylvania	%
		Indiana	%	Rhode Island	%
		Iowa	%	S. Carolina	%
		Kansas	%	S. Dakota	%
		Kentucky	%	Tennessee	%
		Louisiana	%	Texas	%
		Maine	%	Utah	%
		Maryland	%	Vermont	%
		Massachusetts	%	Virginia	%
		Michigan	%	Washington	%
		Minnesota	%	W. Virginia	%
		Mississippi	%	Wisconsin	%
		Missouri	%	Wyoming	%
				<b>TOTAL</b>	%

**To avoid excessive premiums, please describe situations where certain vehicles or groups of vehicles do not reflect the territories shown above (such as a group of straight trucks that does local haul only etc.)**



**DRIVER INFORMATION (Schedule #3)**

List all full-time Commercial Drivers (drivers involved in transportation of cargo).

Driver's Name (In Full)	Driver's License Number	License Type or Class	Years Commercial Driving Experience	Date First Employed by this Applicant	Province Issuing License	Principally Drives Vehicle #

List all part-time Commercial Drivers (including substitute, relief or emergency drivers involved in transportation of cargo, (i.e. drivers who do not drive your vehicles full-time, but who have periodically driven for you in the past and/or you anticipate may drive your vehicles in the future).

Driver's Name (In Full)	Driver's License Number	License Type or Class	Years Commercial Driving Experience	Date First Employed by Applicant	Province Issuing License	Occasional Driver of Vehicle #

List all drivers other than Commercial Drivers (i.e. Sales, Executives, Clerical, Administrative drivers who are not involved in transportation of cargo).

Driver's Name (In Full)	Driver's License Number	Date First Employed by Applicant	Province Issuing license	Principally drives vehicle #

## VEHICLE INFORMATION (Schedule #4)

### Number and Types of Vehicles

Vehicle Type	Company Owned	Company Leased	Owner/Operator Owned/Leased
Tractors greater than 45,000 kg			
Tractors less than 45,000 kg			
*Shunt Tractors greater than 45,000 kg			
*Shunt Tractors less than 45,000 kg			
Trailer (other than below)			
Refrigerated Trailer			
Tank Trailer			
Train Lead			
Train-Pup			
Utility Trailer			
Horse Trailer			
Service Trailer			
Trucks greater than 10,000 kg GVW			
Tanker Trucks greater than 10,000 kg GVW			
Refrigerated Trucks greater than 10,000 kg GVW			
Cargo carrying trucks less than 10,000 kg GVW			
Pick-ups Vans (not carrying cargo)			
PPV			
Historic Vehicles			
Dollies / Converters			
Other (describe)			

\* Shunt tractors refers to vehicles not licensed for regular road travel, and which are used exclusively to move trailers about within the terminal yard

### Maximum Radius of Operations (indicate by number of units)

Vehicle Type	Up to 50 Miles	Up to 100 Miles	Up to 300 Miles	Up to 500 Miles	Up to 900 Miles	Over 900 Miles
Tractors greater than 45,000 kg GVW						
Tractors less than 45,000 kg GVW						
Trucks greater than 10,000 kg GVW						
Tanker Trucks greater than 10,000 kg GVW						
Refrigerated Trucks greater than 10,000 kg GVW						
Trucks less than 10,000 kg GVW						

## ELECTRONIC AND OTHER EQUIPMENT (Schedule #5)

### Tractors (please provide average values for the following)

Type of equipment	Average value per vehicle
Heavy attached machinery such as cranes, winches, cherry pickers etc.	
Vehicle maintenance equipment such as spare tires, jacks, emergency kits etc.	
Electronic devices, including CB radios, GPS, televisions, trip monitoring devices	
Cargo security equipment including tarps, chains, bear traps, dunnage	

### Trailers

Type of equipment	Average value per vehicle
Heavy attached machinery such as cranes, winches, cherry pickers etc.	
Vehicle maintenance equipment such as spare tires, jacks, emergency kits etc.	
Electronic devices, including CB radios, GPS, televisions, trip monitoring devices	
Cargo security equipment including tarps, chains, bear traps, dunnage	

### Straight Trucks

Type of equipment	Average value per vehicle
Heavy attached machinery such as cranes, winches, cherry pickers etc.	
Vehicle maintenance equipment such as spare tires, jacks, emergency kits etc.	
Electronic devices, including CB radios, GPS, televisions, trip monitoring devices	
Cargo security equipment including tarps, chains, bear traps, dunnage	

### Light Commercial Vehicles

Type of equipment	Average value per vehicle
Vehicle maintenance equipment such as spare tires, jacks, emergency kits etc.	
Electronic devices, including CB radios, GPS, televisions, trip monitoring devices	
Cargo security equipment including tarps, chains, bear traps, dunnage	

**WAREHOUSEMEN'S LEGAL LIABILITY (Schedule #6)**

<b>Full address including postal code</b>	<b>Location #</b>
<b>Area (size)</b>	Occupied as _____ sq ft. _____ % Refrigerated _____
<b>Amount of Coverage and deductible proposed</b>	\$ _____ Limit of Insurance      \$ _____ Deductible
<b>Wall Construction</b>	<input type="checkbox"/> Frame <input type="checkbox"/> Metal Clad <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete
<b>Sprinkler Protection</b>	<input type="checkbox"/> None <input type="checkbox"/> Local Alarm <input type="checkbox"/> Monitored Alarm <input type="checkbox"/> Central Station
<b>Burglary Protection</b>	<input type="checkbox"/> None <input type="checkbox"/> Local Alarm <input type="checkbox"/> Monitored Alarm <input type="checkbox"/> Central Station
<b>Physical Protection</b>	<input type="checkbox"/> None <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Patrol Service <input type="checkbox"/> Full-Time Watchman

<b>Full address including postal code</b>	<b>Location #</b>
<b>Area (size)</b>	Occupied as _____ sq ft. _____ % Refrigerated _____
<b>Amount of Coverage and deductible proposed</b>	\$ _____ Limit of Insurance      \$ _____ Deductible
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<b>Burglary Protection</b>	<input type="checkbox"/> None <input type="checkbox"/> Local Alarm <input type="checkbox"/> Monitored Alarm <input type="checkbox"/> Central Station
<b>Physical Protection</b>	<input type="checkbox"/> None <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Patrol Service <input type="checkbox"/> Full-Time Watchman