

# PL&B

## INSURANCE

### NON-FLEET TRANSPORTATION SURVEY (1-9 POWER UNITS)

1. **NAME OF APPLICANT** (INCLUDE ALL SUBSIDIARIES): \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Previous Operating Name (IF ANY): \_\_\_\_\_  
 Principal's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business Address (STATE MAILING ADDRESS IF DIFFERENT): \_\_\_\_\_  
 \_\_\_\_\_

2. **TYPE OF OPERATION**

Common Carrier ( ) Contract Carrier ( ) Individual ( ) Private Carrier ( )  
 Partnership ( ) Corporation ( ) \*Broker ( )

\*If Broker, Name of Principal: \_\_\_\_\_

3. Number of years in above business: \_\_\_\_\_  
 4. Number of years Applicant has owned a similar type of vehicle \_\_\_\_\_, driven similar vehicle \_\_\_\_\_, in a similar radius \_\_\_\_\_

5. **PRESENT POLICIES AND CURRENT COVERAGES**

|            | Limits | Deductibles | Insurer | Policy # | Expiry Date | Expiring Premium |
|------------|--------|-------------|---------|----------|-------------|------------------|
| Automobile | \$     | \$          |         |          |             | \$               |
| C.G.L      | \$     | \$          |         |          |             | \$               |
| Cargo      | \$     | \$          |         |          |             | \$               |

6. Has any Insurer cancelled, declined, refused to renew or issue auto, cargo or C.G.L insurance to the Applicant or any of the drivers within the six (6) years preceding this application? YES ( ) No ( )
7. Does the Applicant comply with government vehicle inspections on all commercial vehicles? YES ( ) No ( )  
 (A CURRENT COPY OF EACH VEHICLE INSPECTION WILL BE REQUIRED AFTER BINDING)
8. Does the Applicant own or lease any U.S domiciled vehicles? YES ( ) No ( )  
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_
9. Does the Applicant own or use any vehicle other than those listed? YES ( ) No ( )  
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

10. Does the Applicant lease, loan or rent any of his vehicles to others? YES ( ) No ( )  
 If yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

11. How often are vehicles serviced? \_\_\_\_\_

12. Any machinery or equipment (reefers, cranes, etc.) attached to vehicles? YES ( ) No ( )  
 If yes, please provide details: (Including actual cash value) \_\_\_\_\_  
 \_\_\_\_\_

13. Does the Applicant haul any hazardous goods as defined by the Hazardous Goods Act? YES ( ) No ( )  
 If yes, provide PIN and Class numbers: \_\_\_\_\_  
 \_\_\_\_\_

14. Does the Applicant use non-owned trailers? (trailer interchange, etc.) YES ( ) No ( )  
 If yes, complete the following:

| Non – Owned Trailers                         | Average | Maximum |
|--|---------|---------|
| Number in care at any one time               |         |         |
| Value of the trailer (s) (actual cash value) |         |         |

Type of Trailer (s): \_\_\_\_\_  
 State by percentage OR the number of times monthly that the Applicant would have non-owned trailers in their care, custody and control. \_\_\_\_\_ % OR \_\_\_\_\_ times per month.

15. **EXPOSURE** (MUST EQUAL 100%) Canadian: \_\_\_\_\_ % U.S: \_\_\_\_\_ %  
 Radius of operation per trip – Canadian miles  
 50-100 \_\_\_\_\_ % 101-300 \_\_\_\_\_ % 301-500 \_\_\_\_\_ % 501-900 \_\_\_\_\_ % Over 900 \_\_\_\_\_ %  
 Radius of operation per trip – U.S miles  
 50-100 \_\_\_\_\_ % 101-300 \_\_\_\_\_ % 301-500 \_\_\_\_\_ % 501-900 \_\_\_\_\_ % Over 900 \_\_\_\_\_ %

16. **INDICATE BY PERCENTAGE THE NUMBER OF MILES DRIVEN IN EACH STATE/PROVINCE**  
 (ATTACH FUEL TAX WHERE AVAILABLE)

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

Base State: \_\_\_\_\_  
 C.V.O.R Number: \_\_\_\_\_  
 R.I.N Number: \_\_\_\_\_  
 National Safety Code Number: \_\_\_\_\_

**17. CLAIMS HISTORY**

(INCLUDE ALL CLAIMS FOR THE PAST 4 YEARS (AUTO, CARGO, CGL) FOR THE COMPANY AND/OR DRIVERS WITH LESS THAN 3 YEARS EMPLOYMENT WITH THE COMPANY.)

**18. DRIVER LIST**

(ATTACH CURRENT MVA AND CONFIRMED LOSS EXPERIENCE FOR A MINIMUM OF 3 YEARS FROM PREVIOUS INSURER OR EMPLOYER)

| Driver's Full Name | License Number | # of Years Experience with Similar Vehicle | Previous Employer (s)<br>(list in reverse order starting with most recent employer) |
|--------------------|----------------|--|---|
|                    |                |  |   |
|                    |                |  |   |
|                    |                |  |   |
|                    |                |  |   |
|                    |                |  |   |

**CARGO**

(SECTION MUST BE COMPLETED EVEN IF COVERAGE IS NOT REQUIRED)

19. Cargo Limit Required? \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

20. Are hazardous, volatile, flammable and/or corrosive goods carried? YES ( ) No ( )  
 If yes, provide details: \_\_\_\_\_

21. Are there any products hauled that require heating or refrigeration? YES ( ) No ( )  
 If yes, provide details: \_\_\_\_\_

22. Are loads brokered to others? YES ( ) No ( )  
 If yes, provide details: \_\_\_\_\_

23. What percentage of goods hauled are owned? \_\_\_\_\_ % (PLEASE COMPLETE CHART)

| Commodities | % of Total (must = 100%) | Average Load Value | Maximum Load Value | # Times Maximum Value Reached |
|-------------|--------------------------|--------------------|--------------------|-------------------------------|
|             |                          |                    |                    |                               |
|             |                          |                    |                    |                               |
|             |                          |                    |                    |                               |
|             |                          |                    |                    |                               |

**24. VEHICLE LIST**

| Year | Make/Model | Full Serial Number | A.C.V<br>(Actual Cash Value) | Physical Damage |      |
|------|------------|--------------------|------------------------------|-----------------|------|
|      |            |                    |                              | Cov.            | Ded. |
|      |            |                    |                              |                 |      |
|      |            |                    |                              |                 |      |
|      |            |                    |                              |                 |      |
|      |            |                    |                              |                 |      |
|      |            |                    |                              |                 |      |
|      |            |                    |                              |                 |      |
|      |            |                    |                              |                 |      |
|      |            |                    |                              |                 |      |

Third Party Liability Required: \$ \_\_\_\_\_

25. What name is/are vehicle(s) registered under? \_\_\_\_\_

26. What province are they registered in? \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY** THIS COVERAGE IS INTENDED FOR TRUCKMEN (COMMON/CONTRACT CARRIERS ONLY)

27. Coverage required? \_\_\_\_\_ Combined Single Limit: \_\_\_\_\_  
Specify if additional coverages are required: \_\_\_\_\_

28. Does the Applicant conduct any other operation other than the transportation of goods? YES ( ) No ( )  
If yes, provide details: \_\_\_\_\_

29. Does the Applicant have provincial tax exempt status? YES ( ) No ( )  
**If yes, please provide copy of exemption certificate.**

30. Is this risk new to your office? YES ( ) No ( )  
Please expand: \_\_\_\_\_

**ADDITIONAL COMMENTS**

|  |
|--|
|  |
|--|

The applicant confirms that the above statements are true and that no material facts have been withheld or misrepresented and agrees to accept the Insurance quotation based on these statements before coverage can be bound and policy issued. Completion of this form does not bind coverage.

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

Date \_\_\_\_\_

Title \_\_\_\_\_

Signed \_\_\_\_\_

Name of Broker \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

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

