



# 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  
 Individual  LLC  Partnership  Corporation  Joint Venture  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.canalinsurance.com](http://www.canalinsurance.com) 24 hours a day)

Location of Business Premises or Physical Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Location Is:  Inside City Limits  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  Scheduled Vehicle  Gross Receipts  Gross Mileage

Business Class  For Hire Trucking  Private Carrier  Non Trucking

For-Hire and Private Operations  
 Auto or Boat  Container  Drive-Away  Dry Bulk or Farm Products  Dry Van / Box  Dry Van- Doubles  Dump  
 Dump-Coal  Flatbed  Livestock  Log or Pulp  Mobile Home  Refrigerated  Special Type Operations  
 Tanker-Fuel  Tanker- Liquids or Compressed Gasses  Towing and Recovery  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)

Table with 9 columns: Unit No., Model Year, Make and Unit Type, Vehicle Identification Number (VIN), GVW, Radius, \*Stated Value, Gap Coverage (Y/N), and \*\*Is garaging address same as physical? (Y/N). Rows 1-5 are empty.

\*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:  \$500  \$1,000  \$2,500  \$5,000. Coverage Desired:  Collision and Specified Causes of Loss  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 Desired Per Vehicle \$, Deductible Desired:  \$500  \$1,000  \$2,500  \$5,000

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

Table with 4 columns: Unit No., Desired Limit, Unit No., Desired Limit. Rows are empty.

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:

Fillings 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**

Yes     No    Do you haul bulk fuel? If yes, a \$1,000 deductible applies. If desired, please indicate an optional higher deductible \$  
 Yes     No    Do you repair or service vehicles of others?  
 Yes     No    Do you have dogs at premises? (see exclusion endorsement)  
 Yes     No    Do you carry a firearm? (see exclusion endorsement)  
 Yes     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
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**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: \_\_\_\_\_



### Extra Page for Additional Driver and Vehicle Information

#### Drivers, continued

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	Violations and MVR Record	Driver License Number	License State	Year Hired	Date of Birth

#### Drivers with Multiple Violations

Driver Name	Conviction Date and Violation

#### Vehicles, continued

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)
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

\*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.



**Selection of Uninsured/Underinsured Motorists Coverage Limits**

If you wish to select Uninsured/Underinsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) and signing below. Please note that we only offer Uninsured/Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

**SPLIT LIMITS**

<b>Initial</b>	<b>UMBI Limit (000)</b>	<b>Premium (\$)</b>
	30/60	95
	30/100	110
	50/100	120
	100/300	147
	250/500	290
	500/1,000	480
	750/1,000	570
	1,000/1,000	785

<b>Initial</b>	<b>UMPD Limit (000)</b>	<b>Premium (\$)</b>
	25	45
	50	59
	75	65
	100	71
	200	116
	300	161
	400	203
	500	233
	600	285
	750	323
	1,000	353

Uninsured Motorist Property Damage Coverage is subject to a \$250 per accident deductible.

**OR**

**Combined Single Limits**

<b>Initial</b>	<b>Limit (000)</b>	<b>Premium (\$)</b>
	85	120
	100	180
	200	225
	300	305
	500	455
	600	630
	750	785
	900	825
	1,000	880

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\_\_\_\_\_  
Applicant's Initials

**Selection of Uninsured/Underinsured Motorists Coverage**

If you wish to select Uninsured/Underinsured Motorists Coverage, you may do so by initialing and signing below.

I wish to **select** Uninsured Motorists Coverage. I have indicated my selection by initialing the line next to the appropriate limit and premium on page 2.

\_\_\_\_\_ Initial

\_\_\_\_\_ Signature of Applicant/Named Insured

\_\_\_\_\_ Date

**Rejection of Uninsured/Underinsured Motorists Coverage**

If you wish to reject Uninsured/Underinsured Motorists Coverage, you may do so by initialing and signing below.

I wish to **reject** Uninsured/Underinsured Motorists Coverage.

\_\_\_\_\_ Initial

\_\_\_\_\_ Signature Of Applicant/Named Insured

\_\_\_\_\_ Date

**Applicant's Acknowledgement**

The undersigner hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured and Underinsured Motorist Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage. Selections have been made by initialing the appropriate lines above. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured and Underinsured Motorist Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage to select or reject coverage and limits on the behalf of the named insured.

**YOUR SELECTION OR REJECTION OF COVERAGE IS BINDING ON ALL PERSONS INSURED UNDER THIS POLICY.**

Applicant /Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Agent of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_