

**BROKERAGE INFORMATION**

Brokerage: \_\_\_\_\_ Producer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**UNDERWRITERS REGARD EVERY RESPONSE TO BE MATERIAL TO THEIR DECISION**

**1. GENERAL INFORMATION:**

Name of Applicant \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Civic Address of Applicant: \_\_\_\_\_

Name of Principals: \_\_\_\_\_

**2. BUSINESS INFORMATION:**

Applicant is:  Corporation  Partnership  Individual  Other, Specify: \_\_\_\_\_

Applicant is:  Hauling Logs \_\_\_\_\_%  
 Hauling Sand and Gravel \_\_\_\_\_%  
 Other, Please Specify \_\_\_\_\_ %

If Hauling Logs, what percentage of driving is on  
Logging Roads and or Highways \_\_\_\_\_%  
Logging Forest Roads \_\_\_\_\_%

Number of months of Operations for each Activity: \_\_\_\_\_

Does Insured operate 12 months a year?  YES  NO  
If "NO", How many months of operation annually? \_\_\_\_\_

Number of Months/Years in Business under the same name: \_\_\_\_\_ Months/Years \_\_\_\_\_

Number of Years of Experience in this Business \_\_\_\_\_

Name of Previous Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Is Present Carrier Offering Renewal Conditions:  YES  NO If "NO" Why? \_\_\_\_\_

Proposed Effective Date of Coverage if different from expiry date and Why? \_\_\_\_\_

**3. OPERATION SECTION**

Radius of Operation:  up to 80 KM  81 to 160 KM  
 161 to 250 KM  251 to 350 KM  
 351 to 500 KM  
 OVER 500 KM IF OVER 500 KM,  
PLEASE SPECIFY THE EXACT DISTANCE AND WHERE: \_\_\_\_\_

Will you at any one time exceed 500 KM ONE WAY?  YES  NO  
If "YES" how often and how far: \_\_\_\_\_

Area of Operation: \_\_\_\_\_ Ice & Muskeg Exposure  YES  NO

Do you haul any Cargo in the U.S.A.?  YES  NO  
If "YES" state % of your total Operation in which States: \_\_\_\_\_%

**4. FINANCIAL INFORMATION: ( Please Specify YES or NO )**

Is Owner or Corporation now or ever been involved in?  
Bankruptcies  YES  NO  
Foreclosures  YES  NO  
Tax Liens  YES  NO  
Any Litigation  YES  NO  
If "YES", Please Explain: \_\_\_\_\_

**5. PHYSICAL PLANT INSPECTION**

Civic Address of Principal Terminal, if other than above: \_\_\_\_\_

Construction Details of Terminal: \_\_\_\_\_

Are Vehicles Stored Inside or Outside **WHEN NOT IN USE:**  Inside  Outside  
If Inside, please give the Maximum Values at any One Time \$ \_\_\_\_\_

**7. LIST OF VEHICLES CONTINUED**

**VALUE**

1 \_\_\_\_\_

2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

Is there Equipment Permanently Mounted on Any Vehicle not related to a Driving Exposure?

YES  NO

If "YES" give details: Which item is equipment mounted on: \_\_\_\_\_

Describe mounted equipment: Year \_\_\_\_\_ Make \_\_\_\_\_  
Serial# \_\_\_\_\_ Value of Equipment \$ \_\_\_\_\_

Is this value included in the unit value:  YES  NO

Do You Own or Use Other Equipment than as Listed Above  YES  NO

If "YES" Give Details: \_\_\_\_\_

Do you Lease, Loan or Rent any of Your Equipment to Others:  YES  NO

If "YES" Please give details: \_\_\_\_\_

Are any of the listed vehicles, equipped with Road Speed Governors?  YES  NO

If so, which one(s): \_\_\_\_\_

Are all Vehicles equipped with Fire Extinguishers  YES  NO If so, state kind and size \_\_\_\_\_

Are all Fire extinguishing systems maintained, serviced, tested and replenished in accordance with the manufacturer's Instruction and recommendations?  YES  NO

Do you Require any Legal Liability for Damage to Non-Owned Trailers?  YES  NO

If "YES" advise below:

Number in your Care at any ON TIME: # \_\_\_\_\_ Trailers, \$ \_\_\_\_\_ Value of Trailers

**COVERAGE REQUIRED**

\_\_\_\_\_ All Risk  
\_\_\_\_\_ Actual Cash Value  
\_\_\_\_\_ Schedule Basis  
\_\_\_\_\_ Blanket Basis

**DEDUCTIBLES**

\_\_\_\_\_ 5% Minimum \$2500 of value of item under \$50,000  
\_\_\_\_\_ 5% minimum \$5000 of value on item in excess of \$50,001  
\_\_\_\_\_ 5% minimum of \$5000 for operations for ice & muskeg  
\_\_\_\_\_ Others - specify \_\_\_\_\_

**8. SUPPLY THE FOLLOWING INFORMATION REGARDING ALL DRIVERS**

**Provide copies of recent Abstracts for all drivers.**

Complete separate sheet if more than 3 drivers including the Insured.

Will you at anyone time during the term of this policy, hire a new driver under 21 years old?

YES       NO    If, "YES", Please Explain: \_\_\_\_\_

Do you check driver's abstracts before hiring new drivers?  YES     NO

**ALL NEWLY HIRED DRIVER(S) WILL HAVE TO BE REPORTED TO THE INSURER PRIOR TO HIS HIRING AND PROVIDE A RECENT ABSTRACT FOR EACH NEW DRIVER. THE INSURER RESERVES THE RIGHT TO ACCEPT OF DECLINE TO COVER THE NEW DRIVER(S) COVERAGE WILL ONLY APPLY ONCE THE INSURER HAS ACCEPTED THE NEW DRIVER(S).**

	Owner Operator (Insured)	<u>Driver # 1</u>	<u>Driver # 3</u>
<u>Name</u>			
<u>Date of Birth</u>			
<u>Driver's License #</u>			
<u>License Class</u>			
<u># of Years Related Driving Experience</u>			

**GIVE PARTICULARS OF ALL CONVICTIONS ARISING FROM THE OPERATION OF ANY AUTOMOBILE DURING THE PAST THREE YEARS FOR EACH DRIVER.**

Owner Operator (Insured)	Owner Operator (Insured)	Driver # 1	Driver # 3
Convictions of Violating Traffic Laws			
License ever suspended Or revoked?			
Accidents & Description			
Which Unit will he be Assigned to Driver?			
How long employed by Applicant?			

**9. LOSS HISTORY FOR THE LAST 5 YEARS**

Give Particulars of All Accidents or Claims arising from the ownership or operation of any vehicle for Physical Damage for the past 5 years (Indicate deductible(s) applicable at the time of loss, name of Driver and Item # or replacing item involved.

**CLAIMS HISTORY STATEMENT AND WARRANTY ENDORSEMENT**

Coverage provided under the policy is contingent on the following warranty, requirements and acknowledgements as evidenced by the named Insured's signature.  
 Any person who knowingly and with intent to defraud any insurance or other person, files and Application for insurance containing false information or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

It is understood and agreed that in lieu of the required insurance company loss run to document the prior loss history of the Named Insured, the following statement of claims is accepted as supplemental application information and also serves as a warranty statement and is made part of the policy.

ITEM#	Date of Loss	Description of loss	Driver's Name	Paid a/o Reserve	What has been done to prevent similar loss
				\$	
				\$	
				\$	
				\$	
				\$	

What has insured done to Prevent Similar Accident(s)? \_\_\_\_\_  
 \_\_\_\_\_

**10. LOSS PAYEES / LEASING COMPANIES**

Name, Address & Postal Code

Item#

Loss Payee or Leasing Co.

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**11. WARNING:**

The signing of this application does not bind the Insured to purchase the insurance, but is agreed that this application and any material submitted therewith are the representation of the proposed Insured and are material. It is further agreed that this application and any material submitted therewith shall be the basis of the contract should a Policy be issued, and this application and any attachment thereto will be attached to and become part of the Policy.

I / WE understand that the Underwriters may declare any policy written void in the event of any false statement, misrepresentation, omission or concealment in the Proposal Form.

Date: \_\_\_\_\_  
Date/Month/Year Signature of Insured

**BROKER'S REPORT**

- a) Was client in your Office or did you visit him? \_\_\_\_\_
- b) Are you the incumbent Broker?  YES  NO If so, how many years have you Insured him? \_\_\_\_\_
- c) How long have you know this Insured? \_\_\_\_\_ Their Operators? \_\_\_\_\_
- d) Are there special circumstances concerning this Applicant which the Company Should know?  YES  NO  
If "YES", Please give particulars \_\_\_\_\_

What is the expiring Premium? \$ \_\_\_\_\_

Date: \_\_\_\_\_  
Signature of Broker