



# COMMERCIAL VEHICLE SUPPLEMENT

POLICY NUMBER

INSURANCE COMPANY

INSURED

BROKER /AGENT

BROKER/AGENT CLIENT ID#

ADDRESS

## 1. BUSINESS OF INSURED

N.S.C. #

R.I.N. #

C.V.O.R. #

YEARS OF EXPERIENCE IN THIS TYPE OF OPERATION

YEAR BUSINESS STARTED

IBC INDUSTRY CODE:

## 2. LIST GARAGING LOCATIONS

LOC # GARAGING LOCATION ADDRESS

## 3. AUTOMOBILE USE

	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE
PRIMARY BUSINESS USE												
GARAGING LOCATION (SEE SECTION 2)	LOC #			LOC #			LOC #			LOC #		
FOR ALL OPERATORS OF THIS TYPE OF VEHICLE, MINIMUM YEARS OF DRIVING EXPERIENCE FOR VEHICLE OR SIMILAR TYPE OF VEHICLE	YRS. OF EXP.			YRS. OF EXP.			YRS. OF EXP.			YRS. OF EXP.		
IS VEHICLE ALSO USED FOR PLEASURE? IF SO, PROVIDE PERCENTAGE PLEASURE USE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	%
IF RECREATIONAL VEHICLE USED FOR BUSINESS, IDENTIFY FREQUENCY												
IF ARTISAN USE, AVERAGE NUMBER OF CUSTOMER LOCATIONS VISITED IN A WORK DAY												
IS VEHICLE USED TO HAUL TRAILERS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DOES VEHICLE FORM PART OF A TRAILER TRAIN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

## COMMODITIES TRANSPORTED (if vehicle carries explosives, nuclear/radioactive material or dangerous goods, identify which goods are carried and complete, sign and attach appropriate questionnaire)

	%	%	%	%
MERCHANDISE CARRIED AND PERCENTAGE USE REMARKS SECTION IF MORE SPACE REQUIRED	%	%	%	%
IF DELIVERY SERVICE - WHOLESALE OR RETAIL	W <input type="checkbox"/> R <input type="checkbox"/>	W <input type="checkbox"/> R <input type="checkbox"/>	W <input type="checkbox"/> R <input type="checkbox"/>	W <input type="checkbox"/> R <input type="checkbox"/>

## HAULING FOR OTHERS

HAULING DONE FOR OTHERS? IF SO, PROVIDE FREQUENCY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
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## RADIUS OF OPERATION

NORMAL OPERATING DISTANCE - ONE WAY	KMS	KMS	KMS	KMS
% OF TOTAL TRIPS	%	%	%	%
MAXIMUM OPERATING DISTANCE - ONE WAY	KMS	KMS	KMS	KMS
% OF TOTAL TRIPS	%	%	%	%
NO. OF TRIPS PER MONTH BEYOND THE NORMAL DISTANCE FROM PLACE USUALLY KEPT				
MOST COMMON DESTINATIONS - LIST CITIES AND PROVINCES. USE REMARKS SECTION IF MORE SPACE IS REQUIRED				

## U.S.A. EXPOSURE

ANY U.S.A. EXPOSURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
MOST COMMON DESTINATIONS - LIST CITIES AND STATES				
NUMBER OF KILOMETERS FROM THE BORDER				
NUMBER OF TRIPS PER MONTH				
NUMBER OF CONSECUTIVE DAYS				
ANNUAL USE %	%	%	%	%

# COMMERCIAL VEHICLE SUPPLEMENT

MACHINERY AND EQUIPMENT	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE
DESCRIBE MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLES												
EXCLUDE	YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
OWNED OR LEASED	OWNED <input type="checkbox"/> LEASED <input type="checkbox"/>			OWNED <input type="checkbox"/> LEASED <input type="checkbox"/>			OWNED <input type="checkbox"/> LEASED <input type="checkbox"/>			OWNED <input type="checkbox"/> LEASED <input type="checkbox"/>		
VALUE	\$			\$			\$			\$		
SPECIAL/SEASONAL USE												
SPECIAL OR SEASONAL USE	<input type="checkbox"/> SPECIAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> NONE			<input type="checkbox"/> SPECIAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> NONE			<input type="checkbox"/> SPECIAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> NONE			<input type="checkbox"/> SPECIAL <input type="checkbox"/> SEASONAL <input type="checkbox"/> NONE		
USE (EG. SNOW REMOVAL, ROAD SALTING)												
PERCENTAGE OF ANNUAL USE	%			%			%			%		

4. FILINGS REQUIRED					
AUTO NO.	LIST CITY, PROVINCE OR STATE	U.S. DOT #	DOCKET #	TYPE OF FILING	SPECIFY EXACT NAME REQUIRED ON THE FILING

5. NON-OWNED VEHICLES/TRAILERS				
DOES THE APPLICANT NEED 27/27B LIABILITY FOR DAMAGE TO NON-OWNED VEHICLES? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF NON-OWNED VEHICLE / TRAILER	AVERAGE NO. OF VEHICLES/TRAILERS AT ANY ONE TIME	AVERAGE VALUE	MAXIMUM NO. OF VEHICLES/TRAILERS ANNUALLY	VALUE OF THE MOST EXPENSIVE UNIT
		\$		\$
		\$		\$
		\$		\$

ARE ANY OF THE INSURED VEHICLES USED FOR PUBLIC TRANSPORTATION? (DRIVING SCHOOL, PRIVATE OR PUBLIC BUSES, TAXIS, LIMOUSINES, FUNERAL, OR EMERGENCY VEHICLES)  YES  NO

IF YOU HAVE PUBLIC VEHICLES, PLEASE COMPLETE THE PUBLIC COMMERCIAL VEHICLE SUPPLEMENT.

6. REMARKS

THIS SUPPLEMENTAL APPLICATION IS INTENDED TO PROVIDE INFORMATION IN ADDITION TO THAT PROVIDED WITHIN THE CORRESPONDING OWNER'S APPLICATION FORM. CONSENT AND DISCLOSURE PROVIDED WITHIN THE CORRESPONDING OWNER'S APPLICATION FORM EXTEND TO THIS SUPPLEMENTAL APPLICATION, AND THE APPLICANT ACKNOWLEDGES THAT THE APPLICATION FOR A CONTRACT OF INSURANCE IS BASED ON THE TRUTH OF THE INFORMATION PROVIDED HEREIN.

SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE	SIGNATURE OF APPLICANT (Authorized for this purpose)	DATE
X		X	