

COMMERCIAL FLEET - INSURANCE QUOTE FORM

INSURANCE COMPANY _____

Quote New Renewal Policy / Binder No. _____

| 1. APPLICANT'S FULL NAME AND POSTAL ADDRESS | 2. AGENT/BROKER NAME AND POSTAL ADDRESS |
|---|---|
| | |
| | |
| | |
| Postal Code: _____ | Postal Code: _____ |

APPLICANT CONTACT NUMBERS

AGENT/BROKER CONTACT NUMBERS

| | | | |
|------------------------|-------------|-------------------------------------|-------------|
| Business: _____ | Fax: _____ | Business: _____ | Fax: _____ |
| Home: _____ | Cell: _____ | Home: _____ | Cell: _____ |
| Email: _____ | | Email: _____ | |
| Website Address: _____ | | Agent/Broker Contract Number: _____ | |

3. POLICY PERIOD

Effective Date: _____ Time: a.m. p.m. Expiry Date: _____ At 12:01 A.M. All times are local times at the Applicant's postal address stated herein.

4. APPLICANT DATA

LEGAL ENTITY Individual Joint venture Corporation Other _____

Principals' name _____ Risk Manager's Name: _____

Description of operations _____

Fleet RIN _____ CVOR Number _____ CVOR Rating _____

Business start date _____ Related prior experience: number of years _____

5. BUSINESS TYPE

Check as appropriate

Delivery, Wholesale Road Construction Hauling for Others* Farmer*
 Delivery, Retail General Contractor Artisan Other* _____

*Please provide details of operation(s), contract(s), agreements(s) etc.

6. LOSS HISTORY

Have there been any losses or claims by the applicant in the past 6 years? Yes No If yes, complete the chart below.

| LOSS DATE | CLAIM STATUS | CAUSE | AT FAULT | PAID AMOUNT | RESERVE | INSURANCE COMPANY | POLICY NUMBER | DRIVER NAME |
|-----------|--------------|-------|----------|-------------|---------|-------------------|---------------|-------------|
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |

7. POLICY HISTORY

| Name of previous Insurer | Policy Number | Expiry Date | Expiring Premium |
|--------------------------|---------------|-------------|------------------|
| | | | |

Has any insurer cancelled, declined or refused to renew any commercial insurance to the applicant within the past 6 years? Yes No

If yes, provide details:

Insurer: _____
Reason: _____

List policy numbers of other insurance with this company.

Umbrella CGL Property Other _____
 Umbrella CGL Property Other _____
 Umbrella CGL Property Other _____
 Umbrella CGL Property Other _____

Will the insurance company be quoting on other insurance? Yes No If yes, provide details below.

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8. DETAILS OF COMMODITIES CARRIED

Indicate the estimated percentage of annual receipts for each commodity hauled on the chart below. If the commodity is not listed, add under "Other".

| COMMODITIES HAULED | PERCENTAGE OF LOADS | AVERAGE LOAD VALUE | MAXIMUM LOAD VALUE | PERCENTAGE OF GROSS RECEIPTS |
|--------------------------|---------------------|--------------------|--------------------|------------------------------|
| Appliances | % | | | % |
| Auto Parts / Accessories | % | | | % |
| Farm Produce | % | | | % |
| Meat / Seafood | % | | | % |
| Milk | % | | | % |
| Livestock | % | | | % |
| Tobacco Products | % | | | % |
| Tools | % | | | % |
| Other | % | | | % |

9. RANGE OF OPERATION

Indicate the maximum radius of operation of listed vehicles. Indicate the vehicle number as per the attached vehicle schedule.

| ONTARIO | VEHICLE NUMBERS AS PER THE ATTACHED SCHEDULE | % OF TRIPS | PROVIDE ALL DESTINATION(S) AND ADDITIONAL INFORMATION TO PROPERLY CLASSIFY LISTED VEHICLES |
|------------------|--|------------|--|
| Within 40 KM | | % | |
| From 0 to 80 KM | | % | |
| From 0 to 160 KM | | % | |
| From 0 to 250 KM | | % | |
| Over 250 KM | | % | |

Any USA exposure? Yes No If "yes", provide details: _____

10. VEHICLE FILINGS

Are there any Provincial and/or Municipal filings? Yes No If "yes", provide details: _____

11. ARTISAN

12. ATTACHED MACHINERY AND EQUIPMENT

| AUTO NO. | AVG. NO. OF CUSTOMER LOCATIONS VISITED IN A WORK DAY | IS THE VEHICLE USED FOR PLEASURE? | Describe machinery or equipment mounted on or attached to vehicles | | | | |
|----------|--|--|--|-------------|-------|--------|-------|
| | | | AUTO NO. | DESCRIPTION | OWNED | LEASED | VALUE |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

13. TRAILERS

14. USE OF PPV'S

15. SPECIAL / SEASONAL USE

| AUTO NO. | IS THE VEHICLE USED TO HAUL ANY TRAILERS? | AUTO NO. | PLEASURE / BUSINESS | ANY SPECIAL OR SEASONAL USE | AUTO NO. | NO. OF MONTHS | IF YES, DESCRIBE USAGE (I.E. SNOW REMOVAL, ROAD SALTING) |
|----------|--|----------|---------------------|--|----------|---------------|--|
| | <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"/> Yes <input type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

16. NON-OWNED VEHICLE

Does the applicant require OPCF 27/27B (Liability for damage to non-owned vehicles)? Yes No If "yes", specify below:

| (A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? | (B) VEHICLE TYPE OF NON-OWNED VEHICLE | (C) AVERAGE NO. OF VEHICLES AT ANY ONE TIME | AND THEIR AVERAGE VALUE | (D) MAXIMUM NO. OF VEHICLES AT ANY ONE TIME | AND THEIR COLLECTIVE MAXIMUM VALUE | (E) WHAT IS THE VALUE OF THE MOST EXPENSIVE UNIT? |
|---|---------------------------------------|---|-------------------------|---|------------------------------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | \$ | | \$ | \$ |
| | | | \$ | | \$ | \$ |
| | | | \$ | | \$ | \$ |

17. RECREATIONAL VEHICLES

18. REMARKS

Are any recreational type vehicles used for commercial purposes?

| AUTO NO. | YES/NO | USAGE | FREQUENCY |
|----------|--|-------|-----------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |