



COMMERCIAL FLEET INSURANCE QUOTE FORM

INSURANCE COMPANY _____

QUOTE NEW RENEWAL

POLICY /
BINDER NUMBER _____

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

2. BROKER'S NAME AND POSTAL ADDRESS

CONTACT NUMBER HOME _____ CELL _____
BUSINESS _____ FAX _____

CONTACT NUMBER HOME _____ CELL _____
BUSINESS _____ FAX _____

PREFERRED LANGUAGE ENGLISH FRENCH

BROKER CONTRACT NUMBER _____ BROKER SUB-CONTRACT NUMBER _____

EMAIL ADDRESS _____

GROUP / PROGRAM NAME _____ GROUP ID _____

WEBSITE ADDRESS _____

BROKER CLIENT ID _____ COMPANY CLIENT ID _____

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 HEREON.

4. APPLICANT DATA

LEGAL ENTITY INDIVIDUAL JOINT VENTURE CORPORATION OTHER _____

PRINCIPALS(S) NAME _____

DESCRIPTION OF OPERATIONS _____

PARENT RIN _____ FLEET RIN _____ CVOR NUMBER _____ CVOR RATING _____

BUSINESS START DATE _____ RELATED PRIOR EXPERIENCE: NUMBER OF YEARS _____

5. BUSINESS TYPE

CHECK AS APPROPRIATE

COMMON CARRIER COURIER SERVICE DRIVING SCHOOL LEASING TO OTHERS
 CONTRACT CARRIER ROAD CONSTRUCTION BUS SERVICE PICK UP CUSTOMER GOODS
 PRIVATE CARRIER GENERAL CONTRACTOR ARTISAN OTHER _____
 DELIVERY, WHOLESALE TOWING SERVICE FARMER
 DELIVERY, RETAIL TAXI / LIMO PUBLIC VEHICLES

6. LOSS HISTORY

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 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

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 5 YEARS? YES NO IF YES, PROVIDE DETAILS BELOW:

INSURER _____

REASON _____

LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY

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 <small>*IF EXPLOSIVES OR RADIOACTIVE MATERIAL IS HAULED, COMPLETE THE APPROPRIATE QUESTIONNAIRE.</small>	PERCENTAGE OF LOADS	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE	PERCENTAGE OF LOADS THAT REACH MAXIMUM VALUE	PERCENTAGE OF GROSS RECEIPTS
APPLIANCES	%			%	%
AUTO PARTS / ACCESSORIES	%			%	%
BEER / LIQUOR	%			%	%
CAMERAS / SCIENTIFIC INSTRUMENTS	%			%	%
FURS / PELTS	%			%	%
HAZARDOUS / DANGEROUS GOODS*	%			%	%
MEAT / SEAFOOD	%			%	%
OFFICE MACHINES	%			%	%
PHARMACEUTICALS / DRUGS	%			%	%
PRECIOUS METALS	%			%	%
TEXTILES / CLOTHING	%			%	%
TOBACCO PRODUCTS	%			%	%
TOOLS	%			%	%
OTHER _____	%			%	%

9. RANGE OF OPERATION

IN CANADA	STATE DESTINATION BY MAJOR CITY(S)	% OF TRIPS	IN U.S.A.	STATE DESTINATION BY MAJOR CITY(S)	% OF TRIPS
WITHIN 40 KM		%	WITHIN 40 KM		%
FROM 41 KM TO 80 KM		%	FROM 41 KM TO 80 KM		%
FROM 81 KM TO 160 KM		%	FROM 81 KM TO 160 KM		%
FROM 161 KM TO 320 KM		%	FROM 161 KM TO 320 KM		%
FROM 321 KM TO 480 KM		%	FROM 321 KM TO 480 KM		%
FROM 481 IM TO 800 KM		%	FROM 481 IM TO 800 KM		%
FROM 801 KM TO 960 KM		%	FROM 801 KM TO 960 KM		%
OVER 960 KM		%	OVER 960 KM		%
FURTHEST DESTINATION IN CANADA		%	FURTHEST DESTINATION IN U.S.A.		%

10. ARTISAN

AVG. NO. OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY: _____

IS THE VEHICLE ALSO USED FOR PLEASURE? YES NO

11. VEHICLE FILINGS

LIST ALL FEDERAL, PROVINCIAL, MUNICIPAL, OR UNITED STATES FILINGS REQUIRED

PROVINCE, STATE, CITY OR ICC _____

DOCKET NO. (IF ANY) _____

SPECIFY EXACT NAME REQUIRED ON THE FILING _____

12. ATTACHED MACHINERY AND EQUIPMENT

DESCRIBE MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLES

AUTO NO.	DESCRIPTION	EXCLUDED	OWNED	LEASED	VALUE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	

13. TRAILERS

14. PLEASURE USE

15. TRAILER TRAIN

16. SPECIAL / SEASONAL USE

AUTO NO.	IS THE VEHICLE USED TO HAUL ANY TRAILERS?	AUTO NO.	STATE %	IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN	ANY SPECIAL OR SEASONAL USE?	AUTO NO.	NO. OF MONTHS	IF YES, DESCRIBE USAGE (EG. 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			

17. NON-OWNED VEHICLE

DOES THE APPLICANT NEED OPCF/SEF/QEF/NBEF 27/27B LIABILITY FOR DAMAGE TO NON-OWNED VEHICLES? YES NO IF "YES" SPECIFY BELOW:

(A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	(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?
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

18. RECREATIONAL VEHICLES

19. REMARKS

ARE ANY RECREATIONAL TYPE VEHICLES USED FOR COMMERCIAL PURPOSES?

YES/NO	AUTO 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			

COMMERCIAL FLEET - VEHICLE SCHEDULE

APPLICANT'S / INSURED'S FULL NAME

POLICY / BINDER NUMBER

Attached to and forming part of :

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 hereon.

Particulars of the described vehicles and as listed before. Insurance for the coverages shall apply to a described VEHICLE only if a premium is shown opposite the vehicle number in the premium option designated or such coverage.

VEHICLE LIST

AUTO NO.	MODEL YEAR	BODY TYPE	NEW COST INCLUDING EQUIPMENT	VEHICLE IDENTIFICATION NO. (V.I.N. / SERIAL NO.)	LOCATION	RATING CLASS	RATE GROUP				VEHICLE CODE	GROSS VEHICLE WEIGHT
							AB	DCPD	COLL. AP.	COMP. / SP		

AUTO NO.	LIABILITY		ACCIDENT BENEFITS BASIC BENEFITS	DIRECT COMPENSATION PROPERTY DAMAGE		LOSS OR DAMAGE TO INSURED AUTOMOBILE						UNINSURED AUTOMOBILE	ENDORSEMENTS				PREMIUM TOTAL PER VEHICLE
	BODILY INJURY PREMIUM	PROPERTY DAMAGE PREMIUM	Limit as stated in the applicable section of the Policy	DEDUCTIBLE	PREMIUM	All Perils or Collision or Upset	All Perils	Collision or Upset	Comprehensive or Specified Perils	Comprehensive	Specified Perils	Limit as stated in the applicable section of the Policy	ENDORSEMENT NUMBER	LIMIT	DEDUCTIBLE	PREMIUM	

COMMERCIAL FLEET - DRIVER SCHEDULE

APPLICANT'S / INSURED'S FULL NAME

POLICY / BINDER NUMBER

Attached to and forming part of :

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 hereon.

DRIVERS LIST

DRIVER NO.	DRIVER NAME	LICENSE NUMBER	BIRTH DATE	DATE FIRST LICENSED	CURRENT LICENSE CLASS	DATE CURRENT CLASS OBTAINED	DATE HIRED	DRIVER TRAINING CERTIFICATE	CONVICTIONS*	CONVICTIONS	
										DESCRIPTION	CONVICTION DATE
								<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		
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* A current MVR is required for all drivers with convictions