

(insert agent information)

CANAL COMMERCIAL COMBINATION INSURANCE APPLICATION

- CANAL INSURANCE COMPANY
- CANAL INDEMNITY COMPANY

Proposed effective date & time: _____
 Proposed expiration date: _____

1. Applicant legal name _____

Applicant trade name (DBA) (if any) _____

Applicant is: Individual LLC Partnership Corporation Joint Venture Trust

Tax identification number or Social Security number _____ **DOT number** _____

If applicant is other than individual, majority owner's name is: _____

Location of business premises _____
Street, City, State, Zip Code, County _____

Location is Inside City Limits Outside City Limits **Fire District (NC only)** _____

Mailing address _____
Street or P.O. Box, City, State, Zip Code _____

Telephone # () _____ **Cell phone #** () _____ **Email or fax:** _____

2. Indicate which coverages are desired and if applicant has signed the required UM/UIM/PIP accept/reject forms

- Auto Liability Auto Physical Damage Motor Truck Cargo General Liability UM/UIM/PIP accept/reject forms

3. Policy Term & Payment Method

- Annual Policy Short Term Policy* Continuous Until Cancelled Policy (2 month escrow deposit and monthly billing)
 Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)
 Full Payment to Company or Company Payment Plan *(No company payment plan available for short term policies.)

4. Coverage	Premium	Deposit or Down payment	# Installments	Amount Enclosed (agent use only)
Auto Liability	_____	_____	_____	_____
Auto Physical Damage	_____	_____	_____	_____
Motor Truck Cargo	_____	_____	_____	_____
General Liability	_____	_____	_____	_____
Total	_____	_____	_____	_____

5. INFORMATION FOR FILINGS AUTHORITY TYPE COMMON CONTRACT

Filings Required	Motor Carrier or Permit Number	Applicant's Name and Address exactly as it appears on each Permit.
<input type="checkbox"/> FMCSA	MC	_____
<input type="checkbox"/> Form E	_____	_____
<input type="checkbox"/> Oversized/Overweight	_____	_____
<input type="checkbox"/> Hazardous	_____	_____
<input type="checkbox"/> Cargo – Form H	_____	_____
<input type="checkbox"/> SR 22- If yes explain	_____	_____

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 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's 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 and maintenance, and hours of service.

6. Signature of APPLICANT _____ **X** **Signature of AGENT of Applicant** _____ **X**

Type or Print Applicant Name _____ Agency Name _____
 Address of Agency _____

Title or Relationship to Applicant _____ Date Application Completed _____

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7. Business Class: For Hire Trucking Private Trucking Non-Trucking Use Only Public Auto
Policy Type: Scheduled Vehicles Fleet Automatic Gross Receipts Fleet Automatic Gross Mileage

If **Non-Trucking Coverage** only, list name, terminal location and MC number of lessee to whom you are permanently leased.

Name: _____ Terminal Location _____ MC # _____

LIABILITY LIMITS DESIRED

8. Commercial vehicles Combined single limit each accident _____
 Taxicabs Bodily injury – each person _____
 Bodily injury – each accident _____
 Property damage – each accident _____

Yes No

GENERAL QUESTIONS
 Have you ever had insurance of this type cancelled, declined or renewal refused?
 Have you ever had insurance with Canal? If yes, give policy number: _____
 How may years in business under this name continuously? _____

Yes No

TRUCKING UNDERWRITING QUESTIONS
 1 Is any vehicle used to haul explosives?
 2 Do Federal or State laws require you to carry limits in excess of \$750,000 for auto liability?
 3 Do Federal or State laws require you to carry limits in excess of \$1,000,000 for auto liability?
 4 Is any vehicle used to transport employees?
 5 Do you allow guest passengers?
 6 Do you haul double trailers?
 7 Do you haul triple trailers?
 8 Do you own, lease or rent vehicles not listed on the application?
 9 Do you hire owner operators on a trip lease basis?
 10 Do you lend, lease or rent trucks, tractors or trailers to others without drivers?
 11 Do you haul containers or containerized freight?
 12 Do you act as a freight forwarder, freight broker or arrange loads for others?
 13 Have you operated a trucking business under other names in the past?

Explain all yes answers below:

9. LIST OF DRIVERS OF INSURED VEHICLES (attach list of drivers with required information if space below is not adequate)

I understand that an essential factor in obtaining automobile insurance is the list of drivers of vehicles covered by the policy for which I am applying. I declare the attached list includes all of the drivers of vehicles requested to be covered under the policy including employees, leased employees, mechanics, family members, as well as any other person allowed to drive an insured vehicle. I agree to notify my agent of any additional drivers before they are allowed to drive an insured vehicle.

Driver's Name	Social Security Number	Date of Birth	Driver's License State	Driver's License Number	No of violations & accidents Past 3 years	No. of serious violations in past 7 years (1)	Year hired	Years of exp.

(1) Serious violations include, but are not limited to, DUI, homicide or assault involving an auto, leaving the scene of an accident, etc.

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10. DESCRIPTION OF VEHICLES (trailers must be scheduled for coverage to apply while detached from power unit)

Unit No.	Model year	Trade name & indicate truck, tractor, trailer, mobile equipment etc.	Serial number	Zip code of terminal location	# of axles	Truck GVW Tractor GCW	Owner type *
1							
2							
3							
4							
5							

*N=Owned by Named Insured; L=Owned by Leasing Company (long term lease without driver); O=Owned by Owner Operator;
E= Owned by Employee of Named Insured (Officer)

Unit No.	Percent of trips by radius			Trailer* pulled	Primary commodities hauled (list top 3 commodities for each power unit)
	0-150	151-300	Over 300		
1					
2					
3					
4					
5					

* Trailer type or type trailer pulled by power unit - D = dump, F = flatbed, P = pole/logging, R = reefer, T = tank, V = dry van, A = auto hauler

11. PHYSICAL DAMAGE COVERAGE (indicated coverage options and limits desired if applicable)

- Collision and specified causes of loss or
- Collision and comprehensive (not available in all states)
- Additional towing limit _____ (in the event of a total loss to the vehicle) -- \$2,500 included
- Trailer interchange limit _____ minus \$1,000 deductible (UJIA container haulers)
- Non-owned trailer limit _____ minus \$1,000 deductible (coverage applies only while attached to your tractor)

Unit #	Phy. Dam. Limit*	Phy. Dam. Deductible	Name of Loss Payee	Full Address of Loss Payee
1				
2				
3				
4				
5				

* fill in the limit next to each vehicle if coverage is desired

12. MOTOR TRUCK CARGO COVERAGE (coverage applies to cargo on any trailer **ONLY** while attached to a scheduled power unit.)

- Owners Form Carriers Form Both Forms

Total Owned: Tractors _____ Trucks _____ **Total Leased:** Tractors _____ Trucks _____

LIMITS DESIRED* Per Vehicle \$ _____ **Location limit** \$ _____

Location address _____

*SPECIFIC UNITS WITH HIGHER LIMITS – Specify the limit and power unit(s) that require a higher limit.

Power Unit(s): _____ Limit: \$ _____

POLICY DEDUCTIBLE: **\$1,000** \$500 (Available only to limits up to \$25,000) \$2,500 \$5,000 (submit for approval)

COVERAGE: Broad Form (not available on all commodities) Named Perils

OPTIONAL COVERAGES: Reefer – \$2,500 Deductible (Minimum) Poultry Cages Wetness – \$2,500 Deductible (Minimum)

Earned freight – Increase To: \$ _____ (\$1,000 included) Debris Removal – Increase To: \$ _____ (\$10,000 included)

COMMODITIES HAULED				COMMODITIES HAULED			
%	Type	Average Value	Max Value	%	Type	Average Value	Max Value

- INSURANCE COMPANY
- INDEMNITY COMPANY

MUST be completed in conjunction with the ALL STATES Form A-101

1. Applicant Name

2. DBA, if any

UNINSURED MOTORIST SELECTION

The laws of **Illinois** require that uninsured motorist protection coverage be included in your liability policy in an amount equal to your bodily injury liability limits unless you select limits less than your bodily injury liability limits but not less than \$20,000/\$40,000. The uninsured motorist coverage includes underinsured motorist coverage at limits greater than \$20,000/\$40,000. You will be charged for this coverage. The limits selected determine the premium required. Your selection of coverage is binding on all persons insured under this policy. Please indicate your selection below: **(Your selection will remain in effect in the future unless you advise us in writing of your intent to amend this selection.)**

- \$20,000/\$40,000
- Equal to bodily injury liability limits
- Other (specify) _____

Date Application Completed _____

Signature of Agent of Applicant _____

Signature of Applicant _____ **X**

Address of Agent _____
