

INSURANCE COMPANY															
INSURED						BROKER /AGENT			BROKER/AGENT CLIENT ID#						
ADDRESS															
1. BUSINESS OF INSURED															
IBC INDUSTRY CODE:								N.S.C. # R.I.N. # C.V.O.R. # YEARS OF EXPERIENCE IN THIS TYPE OF OPERATION YEAR BUSINESS STARTED							
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 #	YRS. OF EXP.			LOC #	YRS. OF EXP.			LOC #	YRS. OF EXP.			LOC #	YRS. OF EXP.		
FOR ALL OPERATORS OF THIS TYPE OF VEHICLE, MINIMUM YEARS OF DRIVING EXPERIENCE FOR VEHICLE OR SIMILAR TYPE OF VEHICLE															
IS VEHICLE ALSO USED FOR PLEASURE? IF SO, PROVIDE PERCENTAGE PLEASURE USE	YES	NO	%	YES	NO	%	YES	NO	%	YES	NO	%			
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	NO		YES	NO		YES	NO		YES	NO				
DOES VEHICLE FORM PART OF A TRAILER TRAIN?	YES	NO		YES	NO		YES	NO		YES	NO				
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	R		W	R		W	R		W	R				
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					
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	NO		YES	NO		YES	NO		YES	NO				
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"/>	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"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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? YES NO

HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? YES 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	