

Long Haul Trucking – Risk Evaluator

Intact Insurance Company

1. General Information:

Name of Applicant:		
Full description of operations:		
Phone:	Email:	Website:
Contact Name:		Title:
Years in business:		Years similar experience and with whom:

Gross receipts:

Does the applicant broker freight to other carriers?

☐ Yes ☐ No

If so, revenue from this:

Current insurer and expiry date:

Position	Name	Time in Position (in years and/or months)
President		
Operations Manager		
Claims Manager		
Maintenance Manager		

Additional Information required to quote (check all that apply):

<input type="checkbox"/> Vehicle Schedule	<input type="checkbox"/> 3-6 year loss run	<input type="checkbox"/> IFTA / Fuel Tax Report
<input type="checkbox"/> Driver List with Commercial Abstracts, see note*	<input type="checkbox"/> Carrier Profile	<input type="checkbox"/> Leased Operator Contract

2. Type of Operation:

<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Contract Carrier	<input type="checkbox"/> Private Carrier	<input type="checkbox"/> Corporation
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Has any Insurer cancelled, declined, refused to renew or issue automobile, CGL or Cargo insurance to the applicant or any listed driver in the past 6 years?

☐ Yes ☐ No

3. Driver Information:

*Commercial Abstracts for all drivers are required. Drivers can send their documents directly to Intact at ababstract@intact.net

Name	Birth Date MM/DD/YY	Years driving vehicle type	Accident		Driver's License Number	Employed Date MM/DD/YY	Lease Operator	
			Y	N			Y	N
			<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"/>
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Describe hiring procedures for all driver (testing/road supervision/record keeping):

4. Filings:

Are filings required: <input type="checkbox"/> Yes <input type="checkbox"/> No	MC #	U.S. DOT #
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5. Radius of Operations:

*IFTA reports may be required to quote risk

Further destination in Canada:

Further destination in USA:

Does the applicant own or lease any US domiciled Vehicles?

☐ Yes ☐ No

If 'YES', provide details:

Total annual Kilometres:

Radius Chart

Total percentage Canadian KMs:

Total percentage USA KMs:

KM Split:

Radiuses	Canada – Percentage (must add up to 100%)	USA – Percentage (must add up to 100%)
% within 250 km	%	%
% 251 – 750 km	%	%
% 751 – 1,500 km	%	%
% 1,501 – 4,000 km	%	%
% over 4,000	%	%

6. Vehicle List:

Are all vehicles registered to the applicant?

☐ Yes ☐ No

Truck and tractor schedule: (If the number of units exceed this space, please attach a separate schedule including all of the details listed below)

Unit	Year	Make / Model	Serial Number	Dash Camera (yes/no)	Telematics (yes/no)	Purchase Date MM/DD/YY	Owner Operator (yes/no)	Attached Machinery value & use
1				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
2				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
3				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
4				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	

6a. Identify type of dash camera storage (SD or cloud):

6b. Identify ELD provider:

6c. Identify Telematics provider:

- Does the telematics system provide driver monitoring reports?

☐ Yes ☐ No

If YES, who is responsible for reviewing the reports and at what frequency?

- Are the dash cameras connected to the telematics provider for storage:

6d. Identify the percentage of vehicles with Automatic Emergency Braking systems:

- Make / Model of AEB system:
- Are AEB systems original from the manufacturer or added aftermarket:

Trailer schedule: (If the number of units exceed this space, please attach a separate schedule)

Unit	Year	Make / Model	Serial Number	Purchase Date MM/DD/YY	Owner Operator	Attached Machinery value & use
1						
2						
3						
4						

- Identify any reefer units:**
- Identify any unit with any attached machinery IE crane or hoist:**

Is non-owned trailer coverage required?

☐ Yes ☐ No

* Max value per any one trailer:

* Max number in the applicant's possession at any one time?

Does applicant rent or lease to others?

☐ Yes ☐ No

If 'YES', explain:

Does applicant employ any leased operators?

☐ Yes ☐ No

If 'YES', explain:

*Are the operators' units registered to the applicant?

☐ Yes ☐ No

*Do operators provide their own insurance?

☐ Yes ☐ No

***Attach copy of leased operator's contract**

7. Cargo:

Commodity	Average Load Value	Maximum Load Value	% of Load

Does applicant haul hazardous goods as defined by Hazardous Goods Act?

☐ Yes ☐ No

Does applicant haul any Cannabis or Products containing Cannabis?

☐ Yes ☐ No

Provide placard number(s):

, , , .

Percentage of deliveries on a declared value Bill of Lading:

Can the driver see refrigeration warning indicators from inside the cab?

☐ Yes ☐ No

8. Security

Does the insured have a concentration of risks where several units may be parked together?

☐ Yes ☐ No

Check those that apply:

<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Locked Gate	<input type="checkbox"/> Well Lighted	<input type="checkbox"/> Watchman
<input type="checkbox"/> Guard Dog	<input type="checkbox"/> Security System	<input type="checkbox"/> Fire Protection	<input type="checkbox"/>

Signature:

Name and title:

Date:

9. Coverage Requirements:

Coverage	Limit	Deductible
Complete and attach an application for Automobile Insurance S.A.F. 1 with required automobile coverage(s).		
Cargo		
Cargo Limit Per Vehicle		
Warehouseman's Liability		
General Liability		
General Liability		
Tenants Legal Liability		
Crane Lift Operator Liability		
Max Per Occurrence Deductible		
Broker Commission 10%		

Notes or additional comments:

* For rating and underwriting acceptance, commercial abstracts are required for Specialty Solutions accounts. We have made accommodations for drivers to forward these directly to us via email at ababstract@intact.net. It should be noted that the driver MUST reference the name on the application in the subject line.