

Commercial Vehicle Supplement

Insurance Company: Intact Insurance Company				<input type="checkbox"/> Quote <input type="checkbox"/> New <input type="checkbox"/> Renewal		Policy/ Binder Number:			
1. APPLICANT'S FULL NAME AND POSTAL ADDRESS				2. BROKER'S NAME AND POSTAL ADDRESS					
Name:				Name:					
Address:				Address:					
City:				City:					
Province:		Postal Code:		Province:		Postal Code:			
Contact Number				Contact Number					
Home:		Cell:		Home:		Cell:			
Business:		Fax:		Business:		Fax:			
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French				Broker Contract Number		Broker Sub-Contract Number			
Email Address:				Group / Program Name		Group ID			
Website Address:				Broker Client ID		Company Client ID			
3. BUSINESS TYPE									
Check as appropriate (For items marked with an asterisk and number. The applicable sections must be completed)									
Cannabis or Cannabis Products (Complete Item (*7a)		Delivery, Retail		Taxis/Limos (Complete Item (*18)		Leasing to Others			
Common Carriers		Courier Service		Driving School (Complete Item (*16)		Pick up customers goods			
Contract Carriers		Road Construction		Bus Service (Complete Item (*18)		Other (Specify)			
Private Carriers		General Contractor		Artisan use only (Complete Item (*4)					
Delivery, Wholesale		Towing Service		Farmer					
4. ARTISAN									
Avg. no. of customers' locations visited in a work day:				Is the vehicle also used for pleasure? <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. DRIVING EXPERIENCE				6. HAULING DONE FOR OTHERS					
Operator's years of driving experience for listed vehicle or similar type.									
Auto No.	Driver No.		Auto No.	Never	Daily	Weekly	Other (Specify)		
7. (A) COMMODITIES TRANSPORTED				7. (B) DANGEROUS GOODS TRANSPORTED					
Auto No.	List Merchandise Carried	Are goods carried for compensation?		Auto No.	Identify Autos Carrying (Note: If explosives or radioactive material is carried, complete, sign and attached appropriate questionnaire.)				
		Yes	No		Explosives	Nuclear / Radioactive Material	Dangerous Goods		
		Yes	No						
		Yes	No						
		Yes	No						
8. TRAVEL AND RADIUS OF OPERATION									
Auto No.	List Garaging Location(s)	One Way Distance (KMS)		% of Total Trips (I) (II)		No. of trips per month beyond standard radius from place usually kept?	Destinations List Cities, Provinces and States		
		Normal Radius (I)	Maximum Radius (II)						
9. VEHICLE FILINGS									
Province, State, City or ICC		List all Federal, Provincial, Municipal, or United States Filings Required Docket No. (If any)				Specify Exact Name Required on the Filing			
10. ATTACHED MACHINERY AND EQUIPMENT									
Auto No.	Describe Machinery or Equipment Mounted on or Attached to Vehicles					Excluded	Owned	Leased	Value
	Description								
						Yes	No		
						Yes	No		
						Yes	No		
						Yes	No		
11. TRAILERS		12. PLEASURE USE		13. TRAILER TRAIN		14. SPECIAL / SEASONAL USE			
Auto No.	Is the vehicle used to haul any trailers?	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, described usage (e.g. snow removal, road salting)?
	Yes No					Yes No			
	Yes No					Yes No			
	Yes No					Yes No			
	Yes No					Yes No			
REMARKS									

15. NON-OWNED VEHICLES									
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? Yes No	(B) Vehicle Type Of Non-Owned Vehicle		(C) Average No. Of Vehicle(s) At Any One Time?		And Their Average Value		(D) Maximum No. Of Vehicles At Any One Time		(E) What Is The Value Of The Most Expensive Unit?
					\$				\$
					\$				\$
					\$				\$
16. DRIVING SCHOOLS					17. RECREATIONAL VEHICLES				
Check All Exposures That Apply					Are Any Recreational Type Vehicles Used For Commercial Purposes?				
Auto No.	Road Course Type	Tractor Trailer Training	Unloaded Trailer	Loaded Trailer	Yes/No	Auto No.	Usage		Frequency
	Public Private				Yes No				
					Yes No				
					Yes No				
					Yes No				
18. Public Vehicles									
Auto No.	Vehicles				Usage				
	Bus	Commercial Vehicle	Public Bus	School Bus	Private Bus	Hotel or Country Club Bus	Taxi	Limousine	
	Bus	Commercial Vehicle	Public Bus	School Bus	Private Bus	Hotel or Country Club Bus	Taxi	Limousine	
	Bus	Commercial Vehicle	Public Bus	School Bus	Private Bus	Hotel or Country Club Bus	Taxi	Limousine	
	Bus	Commercial Vehicle	Public Bus	School Bus	Private Bus	Hotel or Country Club Bus	Taxi	Limousine	
Auto No.	Max. # of Passengers Normally Carried	Max. # of Permanently Attached Seats	Service Provided						
			Regular Route(s)	City or Town	Regular Service between Towns	Charter	Airport	Weddings	
			Regular Route(s)	City or Town	Regular Service between Towns	Charter	Airport	Weddings	
			Regular Route(s)	City or Town	Regular Service between Towns	Charter	Airport	Weddings	
			Regular Route(s)	City or Town	Regular Service between Towns	Charter	Airport	Weddings	
Auto No.	If Regular Public Bus Service Between Towns:				If Charter Services				
	List All Regular Destinations				One Way Distance	List Destinations			No. Trips Per Month On Average
					KMS				
					KMS				
					KMS				
					KMS				
SCHOOLS BUSES PRIVATE BUSES									
Auto No.	Are Buses Also Used For Charter Service?	No. Trips Per Month Each Bus	Max. No. Buses Used In Charter Service	Auto No.	Are Buses Used To Transport Employees To And From Work?	Specify Other Private Bus Usage			Frequency of Use
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	Sporting Events	Emergency Evacuation	Other	Daily Weekly Monthly
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	Sporting Events	Emergency Evacuation	Other	Daily Weekly Monthly
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	Sporting Events	Emergency Evacuation	Other	Daily Weekly Monthly
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	Sporting Events	Emergency Evacuation	Other	Daily Weekly Monthly
TAXIS OR LIMOUSINES									
Auto No.	License Plate No.		Taxi No.		Taxi Plate No.			Taxi Plate Licensing Authority	
TAXIS OR LIMOUSINES									
Auto No.	Name and Address of Taxi Plate Owner				Are Insured Vehicles Broker / Dispatched By Other Than Registered Owner?			Broker / Dispatcher Name	
					Yes No				
					Yes No				
					Yes No				
					Yes No				
TAXIS OR LIMOUSINES									
Auto No.	Is The Insured Vehicle / Plated Leased To Others?		Name and Address of Lessees					Any Vehicles Used For Other Than Taxi or Limousine Services?	
	Yes No							Yes No	
	Yes No							Yes No	
	Yes No							Yes No	
	Yes No							Yes No	
19. REMARKS									

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Ontario Application for Automobile Insurance Owner's Form (OAF 1). Consent and disclosure provided within the corresponding Ontario Application for Automobile Insurance Owner's Form (OAF 1) extend to this Supplementary Form, and the applicant acknowledges that the Ontario Application for Automobile Insurance Owner's Form (OAF 1) is based on the truth of the information provided herein.

Applicant's Signature

Date

Broker/Agent Signature

Date