

Broker:

Broker No.:

Producer:

1. Applicant's Information & Ownership

Name:		Address:	
Email:	Website:	Year Founded:	Year Incorporated:
Phone:	No. of Full-Time Employees:	No. of Part-Time Employees:	No. of Contract Employees:
List Principal Shareholders / Owners			
Name / Institution		Interest (%)	Held Since
List all Key Personnel (e.g. Risk Management and Compliance)			
Name		Title	Years Of Experience
List all Affiliated or Associated Companies (e.g. car rental, software vendors)			
Name	Ownership	Business Activities and Operations	
List all Business Partnerships (e.g. car rental, software vendors)			
Name		Description of Partnership	

2. Applicant's Operations (or attach Applicant's business plan)

Provide a detailed overview of the key components of the business plan including: number of active users and strategies for marketing, distribution, technology, and growth:

How many years of data is collected and stored from the Applicant's car sharing software (e.g. for driver rating, accidents and incidents, and claims)?

Is customer rating mandatory on every trip? Yes No If yes, is it used as a measure to manage driver quality? Yes No

3. List total annual car sharing trips and mileage for the last three years and projected total annual rentals and mileage for upcoming years:

Year	Total Number of Annual Rentals	Total Number of Annual Rental Days	Total Annual Mileage in Kilometres
Projection			
Projection			

4. **Number of Owned vs. Non-Owned Vehicles**

Owned Vehicles:	Non-Owned Vehicles:
Are any of the vehicles listed above (check all that apply): Licensed Taxis Livery Limousines Buses Other Public or Private Transportation Operations Other Commercial: Other:	
List the jurisdictions the Applicant operates in:	
Is Applicant subject to any legal ruling or order which prevents it from legally operating in any proposed jurisdictions above? Yes No Please describe (and attach document to form if available):	

5. **Fleet and Driver Management**

Describe the fleet and driver management practices and procedures that are in place:

How frequently are vehicles inspected by a licensed automobile technician/mechanic?

Does Applicant use a third-party background screening company to verify Criminal Record Check and driver's motor vehicle record?

Yes No

If yes, which company?

How frequently are fleet management audits performed?

6. List types of vehicles used by drivers (including year and seating capacity) and indicate number of vehicles owned versus non-owned:

Type of Vehicle (e.g. private passenger, bus, etc.)	Year	Seating Capacity	Owned Vehicles		Non-Owned Vehicles	
			No. of Vehicles	Avg. List Price New	No. of Vehicles	Avg. List Price New

7. **Risk Management**

Does Applicant have Risk Management Practices and Procedures? Yes No If yes, please describe existing processes and procedures:

8. Applicant's Insurance

Type of Policy	Yes / No	Insurer's Name	Policy Number
Commercial General Liability			
Non-Owned Automobile			
Garage Automobile Policy			
Workers Compensation			
Other:			

9. Does the Applicant have employees dedicated to handling transportation car sharing claims? Yes No
If yes, please provide manual or detailed overview of processes and procedures:

Is there a data collection infrastructure in place which can be utilized to extract the exact time and location of when a claim occurred?
Yes No

If yes, for how long is the claims data held? (Check box below that applies):
☐ Less than a year ☐ Less than three years ☐ More than three years

List all claims during the last five years (or attach Loss Run report):

Date of Accident / Incident	Amount Paid	Amount Outstanding	Details	Driver's Name	Open or Closed?

10. **Supporting Documents Checklist** (Please attach supporting documents to Application Form)

Copy of business plan Yes No

Articles of incorporation Yes No

Resumes of principal shareholders and key personnel, if available Yes No

Copy of licenses / authorities to operate car sharing services in proposed jurisdictions Yes No

Copy of fleet management manual / procedures Yes No

Copy of risk management procedures Yes No

Copy of completed Automobile Application (including vehicle and driver list) Yes No

This is a Supplementary Form for insurance only. No insurance is in effect until coverage has been specifically agreed to and has been bound by Intact Insurance Company.

I/We declare that during the last five years, no Insurer has cancelled, declined or refused to issue insurance as applied for herein, unless previously declared in the application.

I/We declare that the statements made herein are in every respect true and correct and any contract of insurance will be based upon the truth of the statements.

Applicant's Signature

Date (yyyy-mm-dd)

Broker/Agent Signature

Date (yyyy-mm-dd)