Transportation Network Company

Insurance Supplementary Form



Broker:		Broker No	D.:			Producer	:			
Applicant's Information & Ownership										
Name:				Address:						
Email:	Website: Yea			Yea	ear Founded:		Year Incorporated:			
Phone:	No. of Full-Time Emplo	oloyees: No.		of Part-Time Employees:		No. of Contract Employees		tract Employees:		
List Principal Shareholders / Owners										
Name / Institution					Int			erest (%))	Held Since
List all Key Personnel	(e.g. Risk Manageme	nt and Comp	liand	ce)						
Name						Title				Years Of Experience
List all Affiliated or As	sociated Companies	(e.g. public o	r pri	vate transp	ortat	ion compa	nies	, softwa	are	vendors)
Name			Owne	Ownership			Business Activities and Operations			
List all Business Partn	nerships (e.g. public o	or private tran	spo	rtation com	panie	es, softwar	re ve	ndors)		
Name						Descr	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 transportation network company / ride 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 trips a	and mileage for the last three years and projected total a	nnual trips and mileage for upcoming years:
	Year	Total Number of Annual Trips	Total Annual Mileage in Kilometres
	Projection		
	Projection		

4. Number of Owned vs. Non-Owned Vehicles

Non-Owned Vehicles:							
Are any of the vehicles listed above (check all that apply):							
Other Public or Private Transportation Operations							

5. Fleet and Driver Management

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

Does Applicant use a third-party background screening company to verify Criminal Record Check and driver's motor vehicle record? Yes No

No

If yes, which company?

How frequently are fleet management audits performed?

Does Applicant have a driver training program? Yes

If yes, please provide details:

6.

ist types of vehicles used by drivers (in	ciuuling year a	and seating ca	ipacity) and mun				
Type of Vehicle	Year	Seating Capacity	Own	ed Vehicles	Non-Owned Vehicles		
(e.g. private passenger, bus, etc.)			No. of Vehicles	Avg. List Price New	No. of Vehicles	Avg. List Price New	

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8.

Insurer's Name

Applicant's Insurance

Commercial General Liability Non-Owned Automobile

Type of Policy

Does Applicant have Risk Management Practices and Procedures? Yes

Yes/No

If yes, please describe existing processes and procedures:

Policy Number

Workers Compensation												
	Other:											
	Other:											
9.		Does the Applicant have employees dedicated to handling transportation network company related claims? Yes No										
	If yes, please provide man	If yes, please provide manual or detailed overview of processes and procedures:										
	Is there a data collection in Yes No	s there a data collection infrastructure in place which can be utilized to extract the exact time and location of when a claim occurred?										
	If yes, for how long is the claims data held?											
	Less than a year		Less tha	an three years	More than three years							
	Less than a yearLess than three yearsMore than three years											
	List all claims during the la	List all claims during the last five years (or attach Loss Run report):										
	Date of Accident/Incident	Amount Paid	Amount	Details	Driver's Name	Open or						
	(yyyy-mm-dd)		Outstanding			Closed?						
0.	Supporting Documents	Chacklist (Please	attach supporting of	documents to Application Ec	orm)							
•.	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 / authorit	Copy of licenses / authorities to operate ride sharing services in proposed jurisdictions Yes No										
	Copy of fleet management manual / procedures Yes No											
	Copy of fleet management	manual/procedure	S YES NO									
	Copy of fleet management Copy of risk management		s yes no No									

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

Broker/Agent Signature

Date (yyyy-mm-dd)