COMMERCIAL VEHICLE RATING SUPPLEMENT

Broker: _____

Name: _____ Policy number: _____

Number of years under present management: _____ Year company was founded: _____

OPERATIONS

Complete business description: _____

Are any vehicles used under contract? ___ Yes ___ No If "Yes", specify: _____

Radius (One way distance)	Radius %	Areas Served					
		Principal City/Town	%	Other Provinces	%	USA	%
Within 40 kms							
41 – 80 kms							
81 – 160 kms							
161 – 400 kms							
401 – 800 kms							
Over 800 kms							
Maximum?	___ km						

Are any vehicles used for pleasure? ___ Yes ___ No If "Yes", specify: _____

State % of use for pleasure: ___ %

Are any filings required? ___ Yes ___ No If "Yes", specify: _____

Any USA exposure? ___ Yes ___ No If "Yes", specify: _____

MERCHANDISE CARRIED

*Chemicals	___ %	*Radioactive material	___ %	Lumber/bldg. products	___ %
*Petroleum products	___ %	General freight	___ %	Drugs/alcohol	___ %
*Industrial waste	___ %	Steel products	___ %	Sand, gravel, earth	___ %
*High temp. Molten cargos	___ %	Food products	___ %	Logs, wood chips	___ %
*Explosives	___ %	Livestock	___ %	*Other – specify	___ %

*Give details: _____

HIRING PROCEDURES/DRIVER CONTROLS

Applications used?	___ Yes ___ No	Number of major convictions allowed	___ in 3 years
Are tests given prior to hiring?	___ Yes ___ No	Number of years of relevant driving experience required	___ Years
Relief drivers for long distances?	___ Yes ___ No	Number of accidents allowed	___ in 3 years
Any written rules? (**If so, attach copy**)	___ Yes ___ No	New drivers trained?	___ Yes ___ No
Yearly driver records obtained?	___ Yes ___ No	Prior references checked?	___ Yes ___ No
Number of minor convictions allowed	___ in 3 years		

Additional comments: _____

ACCIDENT PREVENTION

Do you have a safety supervisor? ___ Yes ___ No

Do you have a planned safety program? ___ Yes ___ No

Do you review accidents with drivers? ___ Yes ___ No

Safety Association membership? ___ Yes ___ No

Comment on "Yes" answers:

EQUIPMENT

Are there any vehicles owned by others registered in your name? ___ Yes ___ No

If "Yes", explain:

Are any vehicles leased **from** others? ___ Yes ___ No

Are any vehicles leased **to** others? ___ Yes ___ No

If "Yes" give full details regarding the length of lease, vehicles, and lessor/lessee:

Do you have a service and maintenance supervisor? (Background)

Is Safety Supervisor responsible for driver hiring and training? (Background)

Do you have a system of:

- Regular vehicle check by driver? ___ Yes ___ No
- Written defect reporting? ___ Yes ___ No
- Scheduled vehicle inspection? ___ Yes ___ No
- Records kept for each vehicle? ___ Yes ___ No

Is there any equipment mounted which is designed to perform a function other than for highway travel? ___ Yes ___ No

If "Yes", explain:

Are there any tractor-trailer-train or truck pup-trailer units? ___ Yes ___ No

If "Yes", specify:

Do you own/lease any vehicles, trucks, tractors, trailers, or cars other than those listed on the application policy? ___ Yes ___ No

If "Yes", please specify and include use:

Do you pull non-owned trailers? If "Yes", specify trailer types/use, maximum value, how many are in your care at one time, how often, and for how long:

Other Pertinent Details: