

# IRCA Commercial Vehicle Supplement



Name of Applicant / Insured:	Policy Number:	Effective Date:
Broker Name & Number		In Business Since:

## OPERATIONS (Check all applicable exposures)

<input type="checkbox"/> Artisan use	<input type="checkbox"/> Driving School*	<input type="checkbox"/> Truckmen – Common Carrier*
<input type="checkbox"/> Bus Service (Private bus)*	<input type="checkbox"/> Explosives/ Radioactive Materials*	<input type="checkbox"/> Truckmen – Contract Carrier*
<input type="checkbox"/> Bus Service (Public bus)*	<input type="checkbox"/> Farmer*	<input type="checkbox"/> Truckmen – Private Carrier
<input type="checkbox"/> Bus Service (School bus)*	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Courier Service*	<input type="checkbox"/> Leasing to Others	
<input type="checkbox"/> Dangerous Goods*	<input type="checkbox"/> Road Construction	
<input type="checkbox"/> Delivery, Retail	<input type="checkbox"/> Taxis/Limos*	
<input type="checkbox"/> Delivery, Wholesale	<input type="checkbox"/> Towing Services*	
For operations with asterisk (*) complete, sign and attach appropriate supplements.		

## COMMODITIES

Auto No.	Commodities Carried	Are any commodities carried for compensation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any hauling done for others?			
			Never	Daily	Weekly	Other (Specify)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## RADIUS

Auto No.	List of Garaging Location(s)	One Way Distance				No. of trips per month beyond normal radius	Destinations List Cities, Provinces & States
		Normal Radius	%	Maximum Radius	%		
			%		%		
			%		%		
			%		%		
			%		%		
			%		%		

## FILINGS

List all Federal, Provincial or U.S. Filings required:		
Province, State, City, or ICC	DOT No. (if any)	Specify the Name Insured required on the Filing

**ATTACHED MACHINERY & EQUIPMENT**

Auto No.	Describe any attached machinery or equipment:				
	Description	Excluded	Owned	Leased	Value
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**MISCELLANEOUS**

Auto No.	Pleasure Use		Trailers		Seasonal Operations		
	Any pleasure use?	Percentage of pleasure use	Does this vehicle haul any trailers?	Does this vehicle haul a tandem trailer?	Does this vehicle have any special or seasonal use?	If yes, describe usage (e.g. snow removal)	No. of months
	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**NON-OWNED VEHICLES**

Does this Applicant require Liability for Damage to Non-Owned Vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details below.						
Has liability been assumed under contract or agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Non-Owned Vehicle: <input type="checkbox"/> PPV <input type="checkbox"/> Light Commercial <input type="checkbox"/> Heavy Commercial <input type="checkbox"/> Trailer	Average no. of vehicle(s) at any one time?	Average value?	Maximum no. of vehicles at any one time?	Collective maximum value?	Maximum value of most expensive vehicle?

**RECREATIONAL VEHICLES**

Auto No.	Usage	Frequency

Remarks:

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for a Standard Automobile Policy. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extends to this Supplementary Form, and the applicant acknowledges that the Application for Automobile Insurance Owner's Form is based on the truth of the information provided herein.

Signature of Applicant / Insured:	Date:
Signature of Broker:	Date: