

Fleet Commercial Vehicle Supplement



Name of Applicant/Insured:	Policy Number:	Effective Date:
Broker Name & Number:	Under current Management since:	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.		
List ALL commodities carried:		

RADIUS (Enter percentage of annual mileage operating with the following radius categories)							
	Within 40km	41-80km	81-160km	161-400km	401-750km	>751km	Total
Canada	%	%	%	%	%	%	100 %
United States	%	%	%	%	%	%	100 %
Furthest Canadian Destination:				Furthest U.S. Destination:			

FILINGS (List all Federal, Provincial, U.S., Cargo Filings required):		
Province, State, or ICC:	DOT No. (if applicable):	Specify exact named Insured required on the filing:

HIRING PRACTICES / DRIVER CONTROLS			
Does the Insured use applications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are prior references checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are driving tests given prior to hiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the minimum driver age hired?	_____
Are relief drivers used for long distances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of minor convictions allowed in 3 years:	_____
Does the Insured have documented rules? (if yes, attach)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of major convictions allowed in 3 years:	_____
Are yearly driver abstracts obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years of relevant driving experience required:	_____
Are new drivers trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of accidents allowed in 3 years:	_____

LOSS PREVENTION
Does the Insured have a safety supervisor?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details of background and experience:

Does the Insured have a formalized written automobile safety program in place? If "Yes", please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured review accidents with drivers? If "Yes", please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the safety supervisor responsible for driver hiring and training? If "Yes", please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTOMOBILE MAINTENANCE:			
Does the Insured have automobile service and maintenance supervisor? If "Yes", please provide details of background and experience:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do drivers do regular safety checks of automobiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is a preventative maintenance schedule in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there written reports of automobile defects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are maintenance records kept for each vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional comments:			

ATTACHED MACHINERY/EQUIPMENT	
Do any automobiles have attached machinery and equipment? If "Yes", please provide automobile details, description and value of the attached machinery/equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the attached machinery and equipment owned or leased? If leased, please provide details:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

TRAILERS (Check all trailer types hauled)					
Dry vans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reefer trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tank trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dump trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bed trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Float trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stake trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Livestock trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tandem trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Drop trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Jeep/Dolly/Booster trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Equipment trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Utility trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Insured pull non-owned trailers? If "Yes", please provide details (trailer types, use, maximum values, number in the Insured's care at one time, how often, how long):					
<div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					

AUTOMOBILE INFORMATION	
<p>Are there any automobiles owned and registered to others listed on the automobile schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please provide details:</p>	
<p>Does the Insured own or lease any automobiles other than those listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please list the automobiles, confirm use and where insured?</p>	
<p>Does the Insured lease any automobiles to others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please provide details:</p>	
<p>Does the Insured have electric, hybrid, and/or alternative fuel automobiles? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes", please provide details:</p>	

DASHCAM / TELEMATICS / ELECTRONIC LOGGING DEVICES	
<p>What percentage of automobiles are equipped with dash cameras? _____ %</p> <p>For automobiles equipped with dash cameras, what percentage are:</p> <ul style="list-style-type: none"> Cameras forward facing only: _____ % Cameras forward and driver facing: _____ % Dash camera storage type: SD Card _____ % Cloud _____ % 	
<p>Provide ELD provider: _____</p> <p>What percentage of vehicles are connected to a telematics system? _____ %</p> <ul style="list-style-type: none"> Advise the telematics provider: _____ Describe how telematics are utilized: _____ Does the telematics system provide driver monitoring reports? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If "Yes", who is responsible for reviewing the reports and at what frequency?</p> <p>_____</p>	
<p>Are the dash cameras connected to the telematics provider for storage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>What percentage of vehicles are equipped with Automatic Emergency Braking (AEB) systems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<ul style="list-style-type: none"> Provide the make and model of AEB system: _____ 	
<ul style="list-style-type: none"> Are AEB systems original from the manufacturer or added aftermarket: _____ 	
<p>Are power units equipped with anti-theft devices? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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: