

## **Fleet Commercial Vehicle Supplement**

Name of Applicant/Insured:					Policy Number:				Effective Date:		
Broker Name & Nu	Under current Ma			rent Mana	anagement since: In Busi		In Busines	Business Since:			
OPERATIONS (Ch	neck <b>all</b> applicab	le exposures):					ı				
☐ Artisan use	□ Driving Sch	ool*			☐ Truc	kmen –	Common C	arrier*			
☐ Bus Service (P	rivate bus)*		☐ Explosives/	Radioa	ctive Materials*		☐ Truc	kmen –	Contract Ca	arrier*	
☐ Bus Service (P	☐ Farmer*		☐ Truckmen – Private Carrier								
☐ Bus Service (S	☐ General Co	ntracto	r		☐ Other (Specify):						
☐ Courier Service	☐ Leasing to 0										
☐ Dangerous Go	ods		☐ Road Cons	truction	1						
☐ Delivery, Retail			☐ Taxis/Limos	s*							
☐ Delivery, Whole	esale		☐ Towing Ser	vices							
For operations with a	sterisk (*) complete	e, sign and attacl	n appropriate supp	lements	<u>-                                      </u>						
List ALL commodi	ties carried:										
RADIUS (Enter pe	ercentage of ann	ual mileage on	erating with the f	followin	a radius categorie	e)					
TADIOO (Enter pe	Within 40km	41-80km			161-400km	1			751km	Total	
Canada	%	%	% % %		%	401-730KIII %		- 1	%	100 %	
			%		%		%			100 %	
United States % %  Furthest Canadian Destination:			70	)		Furthest U.S. Destination:					70
Turriest Carladian	i Destination.		Tutulest 0.5. Destination.								
FILINGS (List all F		al, U.S., Cargo					.,				
Province, State, or ICC:			DOT No. (if applicable):				Specify exact named Insured required on the filing:				
			-								
LUDING DD 4 OTIG		0.UTD01.0									
HIRING PRACTIC				Τ.		1 10					
Does the Insured to	☐ Yes ☐ No	· ·						☐ Yes	□No		
Are driving tests given prior to hiring?			☐ Yes ☐ No ☐ What is the minimum driver age hired?						_		
Are relief drivers used for long distances?			☐ Yes ☐ No Number of minor convictions al					-	_		
Does the Insured have documented rules?			☐ Yes ☐ No Number of major convictions allow					3 years:			
(if yes, attach) Are yearly driver abstracts obtained?			Number of vicinity of vicinity division considers a vicinity					oguirod:			
Are new drivers trained?			☐ Yes ☐ No Number of years of relevant driving exposers ☐ No Number of accidents allowed in 3 years.					Hence I	equireu.		
Are new univers tra	☐ fes ☐ NO	1 100   Inditibet of accidents allowed III 3 years.									
LOSS PREVENTI	ON										
		nervisor?								☐ Yes	□ No
Does the Insured have a safety supervisor?  If "Yes", please provide details of background and experience:										□ 163	10
100 , ploado pro	ao aotana oi b	asing out to allo	experience.								

Does the Insured have a formalized written automobile safety program in place?									☐ Yes	□No
If "Yes", please provide details:										
71 1										
Does the Insured review ad	cidents with	drivers?							☐ Yes	□ No
If "Yes", please provide det	ails:									
le the enfaty our envisor rea	nanaihla far a	driver biri	na and tra	sining?					□ Vaa	ПМа
Is the safety supervisor res		ariver nirii	ng and tra	aining?					☐ Yes	□ No
If "Yes", please provide det	alis:									
AUTOMOBILE MAINTENA	ANCE:									
Does the Insured have auto	omobile servi	ce and m	aintenand	ce supe	rvisor?				☐ Yes	□ No
If "Yes", please provide det										
, p										
Do drivers do regular safety checks of automobiles?									☐ Yes	☐ No
Are there written reports of	automobile d	lefects?		☐ Yes	☐ No	Are mainten	ance rec	ords kept for each vehicle	☐ Yes	□ No
Additional comments:										
		-								
ATTACHED MACHINERY/				_						
								☐ Yes	□ No	
If "Yes", please provide aut	omobile detai	ils, descri	iption and	l value d	of the atta	ched machinery	//equipm	ent:		
Is the attached machinery and equipment owned or leased?								Owned $\square$	Leased	
If leased, please provide details:								omioa 🗀	Loudou	
ii icascu, picasc pioviuc uctalis.										
TRAILERS (Check all trail	er types haule	ed)								
Dry vans	☐ Yes	□No	Reefer	trailers		☐ Yes	□No	Drop trailers	☐ Yes	□No
Tank trailers	☐ Yes	☐ No	Dump ti	railers		☐ Yes	□ No	Jeep/Dolly/Booster trailers	☐ Yes	□ No
Bed trailers	☐ Yes	□ No	Float tra	ailers		☐ Yes	□ No	Equipment trailers	☐ Yes	□ No
Stake trailers	☐ Yes	□ No	Livestock trailers			☐ Yes	□ No	Utility trailers	☐ Yes	□ No
Tandem trailers	☐ Yes	□ No								
Does the Insured pull non-	owned trailers	:?	I						☐ Yes	□No
If "Yes", please provide details (trailer types, use, maximum values, number in the Insured's care at one time, how often, how long)										
, , , , , , , , , , , , , , , , , , ,										

Are there any automobiles owned and registered to others listed on the automobile schedule?	AUTOMOBILE INFORMATION			
If Yes", please provide details:	Are there any automobiles owned and registered to others listed on the automobile schedule?		□ Yes	П По
Does the Insured own or lease any automobiles other than those listed on the application?  If 'Yes', please list the automobiles, confirm use and where insured?  Does the Insured lease any automobiles to others?  Does the Insured lease any automobiles to others?  If 'Yes', please provide details:  Does the Insured have electric, hybrid, and/or alternative fuel automobiles?  If 'Yes', please provide details:  DASHCAM / TELEMATICS / ELECTRONIC LOGGING DEVICES  What percentage of automobiles are equipped with dash cameras?  Cameras forward and driver facing:  Dash camera storage sequipped with dash cameras, what percentage are:  Cameras forward and driver facing:  Dash camera storage repressible for the storage of automobiles are connected to a telematics system?  Advise the telematics provider:  Does the telematics are utilized:  Are AEB systems original from the manufacturer or added aftermarket:  Are the dash cameras connected to the telematics provider for storage?    Yes   No			_	_
If "Yes", please list the automobiles, confirm use and where insured?	, , , , , , , , , , , , , , , , , , ,			
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Does the Insured lease any automobiles to others?	Does the Insured own or lease any automobiles other than those listed on the application?	J	☐ Yes	□No
If "Yes", please provide details:    Does the Insured have electric, hybrid, and/or alternative fuel automobiles?   Yes   No   If "Yes", please provide details:    DASHCAM / TELEMATICS / ELECTRONIC LOGGING DEVICES	If "Yes", please list the automobiles, confirm use and where insured?			
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Are AEB systems original from the manufacturer or added aftermarket:  Are power units equipped with anti-theft devices?	What percentage of vehicles are equipped with Automatic Emergency Braking (AEB) systems?		☐ Yes	□No
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Signature of Applicant/Insured:  Date:	nerein.			
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Januarian Januarian Harrison J	Signature of Applicant/Insured:	Date:		
	Signature of Application incured.	- Dailo.		
Signature of Broker: Date:	Signature of Broker:	Date:		