

Public Passenger Vehicle Supplement



This supplement must be completed in full.

Review supplement carefully and notify your Broker of any errors or any changes in the future.

Retain a copy of this document for your Records.

Name of Applicant / Insured:	Policy Number:
Broker Name & Number:	

SECTION 1. OPERATIONS

1. Full description of operations:

2. Are any vehicles operated under contract? Yes ☐ No ☐ If yes, attach copy / copies.

3. Radius of operation and percentage of total trips:

Vehicle Yard (Civic Address)	Number of Vehicles	Normal Radius in Kms.	As a % of Total Trips	Maximum Radius in Kms.	Areas Served (Indicate percentage of total trips)					
					Principal Cities, Towns in Canada	%	Other Cities, Towns in Canada	%	Cities, Towns in U.S.A.	%
			%			%		%		%
			%			%		%		%
			%			%		%		%
			%			%		%		%

4. Are there designated routes? Yes ☐ No ☐

5. Are routes planned to eliminate hazards where feasible? Yes ☐ No ☐

6. Are the vehicles equipped with seatbelts? Yes ☐ No ☐

If yes, is the use of seatbelts enforced? Yes ☐ No ☐

7. What are the Applicant's / Insured's procedures for dealing with routine and emergency situations?

Describe:

8. What safeguards are in place to ensure that driver(s) are not subjected to time pressures?

Describe:

SECTION 2. DRIVERS

Applications used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	References checked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tests given prior to hiring?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver logbook used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify below in Additional Comments.			
Driver abstracts obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Regulated maximum work hours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relief drivers for long distances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, specify:	_____
Any written rules?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, attach copy.			

Additional Comments:

1. Are there established driver acceptability standards? Yes ☐ No ☐
If yes,
 - Minimum age: _____
 - Minimum years relevant driving experience: _____
 - Number of minor convictions allowed _____ in 3 years.
 - Number of major convictions allowed _____ in 3 years.
 - Number of accidents allowed _____ in 3 years.
 - Other: _____
 - Other: _____
2. Is there a disciplinary process in place? Yes ☐ No ☐
3. What training do drivers receive?

Accident avoidance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	First Aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Defensive driving?	Yes <input type="checkbox"/> No <input type="checkbox"/>	C.P.R.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other: _____			

SECTION 3. VEHICLES

Used for carrying passengers as a: (Show % as a percentage of total passenger carrying operations)

<input type="checkbox"/> Public Bus	_____ %	<input type="checkbox"/> Resort Bus	_____ %	<input type="checkbox"/> Church Bus	_____ %		
<input type="checkbox"/> School Bus only	_____ %	before / after school	_____ %	school trips	_____ %	school charters	_____ %
<input type="checkbox"/> Charter Bus*	_____ %	<input type="checkbox"/> Non-Profit Assoc.	_____ %				
<input type="checkbox"/> Country Club Bus	_____ %	<input type="checkbox"/> Bus-Employees of Others	_____ %			<input type="checkbox"/> Others*	_____ %

* Provide Details:

1. Do all vehicles comply with all safety and identification requirements? Yes ☐ No ☐
2. Are active vehicles inspected daily prior to first trip? Yes ☐ No ☐
3. Is there a checklist for the daily inspection? Yes ☐ No ☐
4. Is there written defect reporting? Yes ☐ No ☐
5. Is there a documented preventative maintenance program? Yes ☐ No ☐
6. Is there a documented record maintained of all vehicle repairs? Yes ☐ No ☐

7. What contingency is there in place in the event the primary vehicle is inoperative?

Provide Details:

8. What percentage of vehicles are equipped with ELDs? _____ %

Identify ELD Provider: _____

9. What percentage of vehicles are equipped with dash cameras? _____ %

For vehicles equipped with dash cameras, what percentage are:

- Cameras forward facing only _____ %
- Cameras forward and driver facing _____ %
- Dash camera storage type: SD Card _____ % Cloud _____ %

10. What percentage of vehicles are connected to a Telematics system? _____ %

- Identify the Telematics provider: _____
- Describe how telematics are utilized: _____
- Does the telematics system provide driver monitoring reports? Yes ☐ No ☐ If yes,
Who is responsible for reviewing the reports and at what frequency? _____

11. What percentage of vehicles are equipped with Automatic Emergency Braking systems? _____ %

- Make / Model of AEB system: _____
- Are AEB systems: ☐ original from the manufacturer or ☐ added aftermarket

12. What percentage of power units are powered by:

Gas / Diesel _____ % Electric _____ % Hybrid _____ % Hydrogen _____ % Bio Fuel _____ %
Other: _____ %

SECTION 4. SAFETY AND ACCIDENT PREVENTION

Do you have a safety supervisor? Yes ☐ No ☐ Do you have a planned written safety program? Yes ☐ No ☐

Do you review accidents with drivers? Yes ☐ No ☐ Safety Association Membership? Yes ☐ No ☐

Comment on YES answers:

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:

Attachments:

- ☐ CVOR Level II / Carrier Profile Report / Motor Carrier Safety Report
- ☐ IFTA / Fuel Tax Report (12 prior months)
- ☐ Driver List (including name, date of birth, license number, license province, training, years SIMILAR experience, date of hire)
- ☐ Driver Abstracts (MVRs)

LICENSE PROVINCE	ABSTRACTS REQUIRED
ON, NL, PEI	DRIVER ABSTRACTS (MVR) <u>AND</u> COMMERCIAL DRIVER ABSTRACTS / CVOR DRIVER ABSTRACTS – CVDR
NS, NB	DRIVER ABSTRACTS (MVR)
QC	SAAQ DRIVING RECORDS
AB	COMMERCIAL DRIVER ABSTRACTS ALBERTA DRIVERS CAN SEND THEIR DOCUMENTS DIRECTLY TO INTACT AT ABABSTRACT@INTACT.NET

- ☐ Claims Letter of Experience (6 years) – automobile + CGL and cargo if coverage is requested