

Motor Carrier Truckmen Renewal 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.

Named Insured:	Policy Number:
Broker Name & Number:	Effective Date of Renewal (DD/MM/YY):

SECTION 1. OPERATIONS			
Operating as / Doing business as name (if applicable):			
Indicate which of the following applies to your operation(s):			
Common Carrier <input type="checkbox"/>	Contract Carrier <input type="checkbox"/>	Private Carrier <input type="checkbox"/>	Owner Operator / Lease Operator/Broker <input type="checkbox"/>
Freight Forwarder <input type="checkbox"/>	Customs Broker <input type="checkbox"/>	Freight / Load Broker <input type="checkbox"/>	Other: Describe:
Full Description of Operations:			
Revenue Split by Operation			
Operations		Projected – Annual Gross Revenue (Canadian)	
Total			
In the past 12 months:			
Has there been any change in operations, including change in contracts or change in territory or jurisdiction travelled?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details: _____			
Has there been any change in operating authorities you operate under?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details: _____			

SECTION 1.1 PERSONNEL		
Key Personnel		
Has there been any change in Ownership or Key Personnel over the past year?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide details: _____		
Other Personnel	Number	Are they covered under:
Drivers – Company Employees		Worker's Comp <input type="checkbox"/> , Alternative first payer plan <input type="checkbox"/> , No plan <input type="checkbox"/>
Drivers – Owner Operator / Contractor		Worker's Comp <input type="checkbox"/> , Alternative first payer plan <input type="checkbox"/> , No plan <input type="checkbox"/>
Drivers – Incorporated Subcontractors		Worker's Comp <input type="checkbox"/> , Alternative first payer plan <input type="checkbox"/> , No plan <input type="checkbox"/>
Office Employees		Worker's Comp <input type="checkbox"/> , Alternative first payer plan <input type="checkbox"/> , No plan <input type="checkbox"/>
Mechanics		Worker's Comp <input type="checkbox"/> , Alternative first payer plan <input type="checkbox"/> , No plan <input type="checkbox"/>
Warehouse / Dock Employees		Worker's Comp <input type="checkbox"/> , Alternative first payer plan <input type="checkbox"/> , No plan <input type="checkbox"/>
Other:		Worker's Comp <input type="checkbox"/> , Alternative first payer plan <input type="checkbox"/> , No plan <input type="checkbox"/>
Other:		Worker's Comp <input type="checkbox"/> , Alternative first payer plan <input type="checkbox"/> , No plan <input type="checkbox"/>

SECTION 1.2 PREMISES**Details of each location owned by or occupied by you**

Civic Address (address, city, province, postal code)	Description of Location (office, terminal, warehouse, vehicle storage etc.)	Owned / Leased	Total # of Power Units	Total # of Trailers	Security Measures (e.g., secured & locked, lights, security guard, cameras, guard dog etc.)

SECTION 2. CARGO

Provide **COMPLETE** list of commodities hauled, including percentages and values for each type of commodity. **NOTE:** "General Freight" must not exceed 15%.

Commodity	% of Total	Average Load Value (\$)	Maximum Load Value (\$)	Commodity	% of Total	Average Load Value (\$)	Maximum Load Value (\$)

1. If sand, gravel, earth, stone, woodchips or other similar commodities are carried, is remuneration on a pay-per-load basis? Yes ☐ No ☐
If yes, provide details: _____
2. Do you haul loads that require an escort or pilot vehicle? Yes ☐ No ☐
3. Do you haul loads designated as oversize / overweight? Yes ☐ No ☐
4. Do you haul any cannabis or products containing cannabis? Yes ☐ No ☐
5. Are any commodities carried that require heating or refrigeration? Yes ☐ No ☐
 - Do reefer units have warning lights or indicators visible from the driver's seat? Yes ☐ No ☐
 - Is there a reefer maintenance protocol? Yes ☐ No ☐
6. Are placards required for any commodities you haul? Yes ☐ No ☐
If yes, complete the Hazardous & Dangerous Goods Supplement (LHT0057)
7. What type of bill of lading is used? ☐ Standard _____ % or ☐ Declared Value _____ %

SECTION 3. VEHICLES

1. Are all vehicles owned by and registered to you? Yes ☐ No ☐
2. If you employ owner operators, are all owner operators' vehicles licensed to you? Yes ☐ No ☐
3. Are any units domiciled in the USA? Yes ☐ No ☐
4. How many vehicles are IRP plated? Power Units _____ Trailers _____
5. For mileage travelled, what percentage of trailers hauled are: Single _____ % Double _____ % Triple _____ %
6. What percentage of power units are powered by: Gas / Diesel _____ % Electric _____ % Hybrid _____ %
Hydrogen _____ % Biofuel _____ % Other (describe): _____ %

SECTION 4. RADIUS OF OPERATIONS									
Annual kilometers travelled: IRP plated vehicles _____ Km Non IRP plated vehicles _____ Km Total _____ Km									
Enter percentage of annual mileage operating within the following radius categories									
Kilometers	0-40	41-80	81-160	161-400	401-750	751-1600	1601-2400	2401+	Total
Canada	%	%	%	%	%	%	%	%	100%
United States	%	%	%	%	%	%	%	%	100%
Furthest Canadian Destination					Furthest U.S.A. Destination				

SECTION 5. DESCRIBED VEHICLES								
List vehicles and provide details								
Year	Make	V.I.N. #	Dash Camera		Telematics		Fuel Type	Days per month over 80Km
			Yes	No	Yes	No		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SECTION 6. SAFETY INFORMATION	
1. 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 _____ %: or Cloud _____ %	
2. Identify ELD provider: _____	
3. 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 <input type="checkbox"/> No <input type="checkbox"/>	
If yes, who is responsible for reviewing the reports and at what frequency? _____	
• Are the dash cameras connected to the Telematics provider for storage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. What percentage of vehicles are equipped with Automatic Emergency Braking (AEB) systems? _____ %	
• Make / Model of AEB system: _____	
• Are AEB systems: Original from the manufacturer <input type="checkbox"/> or Added aftermarket <input type="checkbox"/>	

SECTION 7. VEHICLES NOT OWNED BY INSURED						
Non-owned automobiles in your care, custody or control						
Type of Non-Owned Automobile	Frequency	Usual Duration	Average # of units at any one time	Maximum # of units at any one time	Average value any one unit	Maximum value any one unit
Trailers						
Road Tractors						
Straight Trucks						
Light commercial vehicle (GVW 4500 kg or less)						
Private Passenger vehicles						
Other:						
Other:						

SECTION 7. VEHICLES NOT OWNED BY INSURED		
Partners, officers & employees who regularly use automobiles not owned or insured by you in your business:		
Vehicle Type	No. of individuals	Description of vehicle use & cargo carried
Private passenger		
Commercial – GVW 4500 kg or less		
Commercial – GVW over 4500 kg		
What is the Third Party Liability Limit you require the owners of the automobiles to maintain?		
Estimated Cost of Hire		
	Annual Cost of Hire	Type(s) of Automobiles
Short Term Rentals: renting automobiles without drivers for business purposes (duration 30 days or less).		
Hired Automobiles: hired or leased from others, with or without, drivers used under the supervision, direction and control of you (<i>excludes owner operator vehicles listed as described automobiles insured on your Owner's Policy</i>).		
Autos Operated Under Contract: Autos operated in your business where complete supervision, direction and control remains with the vehicle owner.		
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 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) AND 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