

Motor Carrier Truckmen

Renewal Information Supplementary Form — Alberta

Intact Insurance Company

Broker: _____ Producer: _____

Named Insured: _____

Policy #: _____ Renewal Date: _____

The following documentation is required to be submitted by the broker:

- ☐ Fuel Tax Report/IFTA (prior 12-month period)
- ☐ Driver list and Commercial Driver Abstract for all drivers. Drivers can send their documents directly to Intact at ababstract@intact.net
- ☐ Alberta Carrier profile (NOT MORE THAN 30 DAYS OLD)
- ☐ Updated list of vehicles

Are there any changes to the territory or jurisdiction which the client travels within?
(Fuel Tax Report / IFTA is Mandatory) Yes ☐ No ☐

Are any units domiciled in the U.S.A.? Yes ☐ No ☐

1. Please indicate which of the following applies with respect to your operations:

- ☐ Common Carrier
 ☐ Contract Carrier
 ☐ Private Carrier
 ☐ Owner Operator/ Broker
 ☐ Other – Please Specify: _____

2. Provide overall radius of operations: (ATTACH FUEL TAX REPORT/IFTA)

Kilometers	0-40	41-80	81-160	161-400	401-800	801-1600	1601-2400	2401+	Total Annual Kilometers
Canada									
United States									

3. Provide values and type of commodities hauled. **LIST MUST BE COMPLETE**

Commodities	%	Average	Maximum	Commodities	%	Average	Maximum

4. Will the vehicles be used for the transportation of the following goods:	YES	NO	% Carried	Average Load Value
a. Dangerous /Haz-mat goods / Requiring Placards?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b. Aluminum, Seafood, Copper or Recreational Vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c. Oversize – Overweight loads?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d. Logging / Woodchip or off-road operations?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e. Do you broker out freight or operate a freight forwarding Company?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
f. Containerized Freight or requiring UIIA?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
g. Garbage / Waste / Recycling / Scrap?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
h. Sand and Gravel or any type of aggregate product?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
i. Cannabis and/or products containing cannabis?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

5. Complete the following:
- State the revenue from Long Haul Trucking: _____
 - State the revenue from Freight Forwarding: _____
 - Indicate the type of Bill of Lading used: _____ ☐ Standard or ☐ Declared Value
 - If Bill of Lading is declared value what is the percentage? _____
6. Are dash cameras installed in any of the vehicles? Yes ☐ No ☐
- Identify which units have camera's installed: _____
 - Identify type of dash camera storage (SD or cloud): _____
7. Identify ELD provider: _____
8. Identify Telematics provider: _____
- Identify which units have the telematics system installed: _____
 - Does the telematics system provide driver monitoring reports? Yes ☐ No ☐
If YES, who is responsible for reviewing the reports and at what frequency? _____
 - Are the dash cameras connected to the telematics provider? Yes ☐ No ☐
9. Identify the percentage of vehicles with Automatic Emergency Braking systems: _____
- Make / Model of AEB system: _____
 - Are AEB systems original from the manufacturer or added aftermarket: _____
10. Do you engage in any other business activities other than Trucking? Yes ☐ No ☐
If "YES", describe other activities: _____
11. Do you consent to a credit check? Yes ☐ No ☐
By consenting you may be eligible for a premium reduction. If you are consenting to a credit check, provide the following information.
If the Insured is not an individual, the information must be provided for the owner(s) of the company:
- First and Last Name: _____
 - Date of Birth: _____
 - Home address: _____
 - Number of years at home address: _____

This Renewal Information Supplementary Form is intended to provide information in addition to that provided within the corresponding Alberta Application for Automobile Insurance Owner's Form (SAF 1).

Signature of Insured

Date

Broker/Agent Signature

Date