

Motor Carrier Truckmen Supplement



This supplement must be completed in full.

Review it 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:	In Business since:

SECTION 1. GENERAL INFORMATION

Applicant's / Insured's Name & Postal Address

Full Legal Name:	Postal Address:
	Business Address: (if different from postal address):

Operating as / doing business as name (if applicable):

What date was business established:

Have any of the owners of the business ever operated a trucking business operation under any other name? Yes ☐ No ☐
If "Yes", complete table below.

Name of Business	Years in Business (YYYY to YYYY)	National Safety Code # (e.g. CVOR, Motor Carrier #)	US DOT #	MC #
	-			
	-			
	-			
	-			

SECTION 1.1 PERSONNEL

Key Personnel	Name	In Position Since (MM/YYYY)	Years of Experience
Owner		/	
Owner		/	
President		/	
Safety Manager		/	
Operations Manager		/	
Claims Manager		/	
Maintenance Manager		/	
Financial Manager		/	
Other:		/	
Other:		/	

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. OPERATIONS			
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 <input type="checkbox"/> _____ Describe: _____			
Full Description of Operations: _____			
Revenue Split by Operation			
Operations	Projected – Annual Gross Revenue (Canadian)		
Total:			
Has there been any change in operations; including change in contracts or types of goods carried in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes", provide details: _____			
Are loads brokered to others? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", _____ %			
Do you operate under a Uniform Intermodal Interchange Agreement (UIIA) contract? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you haul non-owned goods under an exclusive agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes", list companies you have an exclusive agreement to haul for: _____			
Operating Authorities (list all authority numbers you operate under):			
National Safety Code / CVOR #: _____			
Ontario RIN # (Main): _____	Other: _____		
MC #: _____	US DOT #: _____		
Remarks: _____			
List required U.S.A. Federal, State and Canadian Provincial Filings:			
Legal Name for Filings	Address filed with Authorities	Authority # (e.g., MC #)	Filing Required

SECTION 3. INSURANCE HISTORY**Provide the details of your most recent Insurance**

Policy Type	Expiry Date (DD/MM/YYYY)	Policy No.	Insurance Company	Claims in Past 6 Years
Automobile – Owner's Policy				Yes <input type="checkbox"/> No <input type="checkbox"/>
Automobile – Garage Policy				Yes <input type="checkbox"/> No <input type="checkbox"/>
C.G.L.				Yes <input type="checkbox"/> No <input type="checkbox"/>
Cargo				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:				Yes <input type="checkbox"/> No <input type="checkbox"/>

Has any Insurer cancelled, declined, refused to renew or issue an Automobile, C.G.L or Cargo Insurance Policy to you, or any listed driver, in the past 6 years?

Yes ☐ No ☐

If "Yes", provide details:

SECTION 4. SAFETY INFORMATION

1. Is there a formal safety program in effect? Yes ☐ No ☐
If "Yes", attach program.
2. Are formal safety meetings held? Yes ☐ No ☐
If "Yes", Daily ☐ Weekly ☐ Monthly ☐ Other: ☐ Describe: _____
3. Is there a written vehicle preventative maintenance program in effect? Yes ☐ No ☐
4. Is there a formal accident reporting and review process in place? Yes ☐ No ☐
5. Is there a formal driver hiring process? Yes ☐ No ☐
6. List all training drivers receive: _____
7. What driver management programs do you have in place?
Fatigue Management ☐ Drug & Alcohol Testing ☐ Other ☐ Describe: _____
8. Are driver abstracts ordered and reviewed for all drivers prior to hire? Yes ☐ No ☐
9. How often are driver abstracts ordered and reviewed after date of hire?
Semi-annually ☐ Annually ☐ Other ☐ Describe: _____
10. Are there established driver acceptability standards? Yes ☐ No ☐
If "Yes",
 - Minimum age: _____
 - Minimum years similar 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: _____
11. Is there a disciplinary process in place? Yes ☐ No ☐
12. Do you use Team Drivers? Yes ☐ No ☐
If "Yes", provide details: _____
13. Are passengers allowed to accompany the driver? Yes ☐ No ☐
14. If you employ owner operators: Yes ☐ No ☐
 - Attach copy of owner operator contract including details of hiring, equipment requirements and maintenance.
 - Are all owner operators subject to the same policies, procedures and rules as company drivers and vehicles? Yes ☐ No ☐
15. 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 _____ %
16. Identify ELD provider: _____

17. 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? _____
- Are the dash cameras connected to the telematics provider for storage? Yes ☐ No ☐

18. What percentage of vehicles are equipped with Automatic Emergency Braking (AEB) systems? _____ %

- Make / Model of AEB system: _____
- Are AEB systems: Original from the manufacturer ☐ Added aftermarket ☐

20. Are power units equipped with anti-theft devices? Yes ☐ No ☐

SECTION 5. 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. Are vehicles used off-road; including on ice roads, or logging roads? Yes ☐ No ☐

7. Are vehicles used to deliver goods to residential homes? Yes ☐ No ☐

8. What percentage of work involves express and/or time sensitive freight? _____ %

9. Do vehicles have attached equipment (e.g., booms/cranes/welders)? Yes ☐ No ☐
If "Yes", identify vehicles, describe equipment and provide list price new of equipment for each vehicle: _____

10. What percentage of power units are powered by:
Gas / Diesel: _____ % Electric: _____ % Hybrid: _____ % Hydrogen: _____ % Biofuel: _____ %
Other: _____ %

11. Security Measures:

- Are all vehicles parked in a secured yard? Yes ☐ No ☐
- Where are the vehicles parked when off duty? _____
- Are drivers permitted to take vehicles home? Yes ☐ No ☐

SECTION 6. 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 6.1 DESCRIBED VEHICLES AND RADIUS OF OPERATIONS

Veh. No.	Year	Make	VIN#	Body Type	Owner Operator/ Lease Operator Vehicle (yes/no)	Owned/ Leased	Dash Camera	Telematics	Fuel Type	USA Exposure	Days per month over 80KM Radius	Enter percentage of annual mileage operating within the following radius categories						Estimated Annual Driving Distance
												0-40 KM	41-80 KM	81-160 KM	161-400 KM	401 - 750 KM	751+ KM	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		%	%	%	%	%	%	

SECTION 6.2 For each individual province and / or U.S.A. state, estimate the percentage of anticipated travel for the next 12 months in the table below:

Canada	% KM	U.S.A.	% KM	U.S.A.	% KM	U.S.A.	% KM	U.S.A.	% KM
Alberta				Idaho		Missouri		Penn.	
B.C.		Alabama		Illinois		Montana		Rhode Island	
Manitoba		Alaska		Indiana		Nebraska		S. Carolina	
Nunavut		Arizona		Iowa		Nevada		S. Dakota	
N.B.		Arkansas		Kansas		New Hamp.		Tennessee	
NL		California		Kentucky		New Jersey		Texas	
Nova Scotia		Colorado		Louisiana		New Mexico		Utah	
Ontario		Connecticut		Maine		New York		Vermont	
P.E.I.		Delaware		Maryland		North Carolina		Virginia	
Quebec		D.C		Mass.		North Dakota		Washington	
Saskatchewan		Florida		Michigan		Ohio		W. Virginia	
Yukon		Georgia		Minnesota		Oklahoma		Wisconsin	
N.W.T.		Hawaii		Mississippi		Oregon		Wyoming	

*The Owner's Form contains a partial payment of loss cause. A deductible applies for each claim except as stated in the policy.

SECTION 7. COVERAGE REQUESTED	Limit (000s)	Veh No.
Third Party Liability		
Accident Benefits (Standard Benefits)		
Ontario ONLY Optional Increased Accident Benefits (X)		
<input type="checkbox"/> Income Replacement (\$600/\$800/\$1,000)	(Up to _____ week)	
<input type="checkbox"/> Medical, Rehabilitation & Attendant Care (\$130,000/\$1,000,000)		
<input type="checkbox"/> Optional Catastrophic Impairment (additional \$1,000,000 added to Standard Benefit or Optional Medical, Rehabilitation & Attendant Care Benefit)		
<input type="checkbox"/> Caregiver, Housekeeping & Home Maintenance		
<input type="checkbox"/> Death & Funeral		
<input type="checkbox"/> Dependent Care		
<input type="checkbox"/> Indexation Benefit (Consumer Price Index)		
Uninsured Automobile	As stated in Applicable Section of Policy	
Direct Compensation – Property Damage (excluding NWT, NU, YT) The Owner's Form contains a partial payment of recovery clause for property damage if a deductible is specified for Direct Compensation – Property Damage.	Deductible	
Loss of or Damage to Owned Vehicles*	Deductible	
Specified Perils (excluding Collision or Upset)		
Comprehensive (excluding Collision or Upset)		
Collision or Upset		
All Perils		
Endorsement / Policy Change Forms (Name & No.)	Deductible	Limit

SECTION 8. OTHER INSURANCE COVERAGE		
Cargo	Limit \$	Deductible \$
Motor Truck Cargo – per occurrence		
Motor Truck Cargo – catastrophe		
Terminal Legal Liability		
Address: _____		
Address: _____		
Address: _____		
CGL		
Bodily Injury & Property Damage - Per occurrence		
Tenant's Legal Liability		
Address: _____		
Address: _____		
Address: _____		
Standard Non-Owned Automobile Policy – SPF No. 6		
Third Party Liability		
Warehouseman's Legal Liability		
Address: _____		
Address: _____		
Address: _____		
Other: _____		

SECTION 9. DRIVERS						
Veh No. Operated	Name	Driver's License Number	Province Licensed	Date of Birth (DD/MM/YYYY)	Date of Hire (DD/MM/YYYY)	No. of Years Experience with Similar Vehicle

SECTION 10. CARGO

Indicate types of commodities hauled, percentages and values for each type of commodity carried. Avoid terms such as "General Freight". No more than 15% General Freight will be accepted.

Commodity	% of Total	Average Load Value	Maximum Load Value	Commodity	% of Total	Average Load Value	Maximum Load Value
Aircraft Parts				Hanging Meat			
Alcohol, Beer, Wine, Spirits				Hazardous material			
Aluminum copper, zinc				Household Contents (moving Company)			
Animals for breeding i.e. horses				Light Machinery			
Art, Bullion precious metals, gemstones, currency				Lithium-ion Batteries			
Auto Parts				Livestock			
Automobiles, Trailers				Lumber			
Baked Goods				Logs, Pulpwood			
Building products				Magazines / Books			
Bulk Liquids				Mail, Parcels, Courier			
Cannabis and/or Product(s) containing Cannabis				Modular Homes/Portable Building			
Computers, Electronic, Cameras				Paper, Cardboard			
Concrete and products that require mixing in transit				Petroleum products			
Containerized Freight				Pharmaceutical / Medical Equipment			
Drugs				Plastic / Plastic Products			
Dry Groceries / Can Goods				Produce – Fresh			
Eggs / Dairy				Radioactive Material			
Explosives				Recreational vehicles/Watercraft			
Film Industry Equipment				Refrigerated food Products			
Frozen Food Products				Sand & Gravel, Aggregate, Dry Bulk – Cargo carried by Dump Vehicles			
Fruits / Vegetables				Seafood			
Fur, Jewelry				Steel / Building Metals			
Garbage, Waste, Recycling and Scrap				Snow/Ice			
Goods associated with Amusement Parks, Carnivals, Circuses				Tires / Tubes			
Heavy Machinery				Tobacco / Tobacco products			
Household Electronic				Wearing Apparel, Textiles			
Household Goods Non-Hazardous				Woodchips			
Other: _____				Other: _____			
Other: _____				Other: _____			
Other: _____				Other: _____			

1. Percentage of goods carried:	Owned goods _____ %	Goods for others _____ %	
2. What percentage of hauling is:	LTL _____ %	FTL _____ %	
3. If sand, gravel, earth, stone, woodchips or other similar commodities are carried, is remuneration on a pay-per-load basis? If "Yes", provide details: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you haul loads that require an escort or pilot vehicle?			Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you haul loads designated as oversize / overweight?			Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you haul any cannabis or products containing cannabis?			Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are any commodities carried that required heating or refrigeration?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Do reefer units have warning lights or indicators visible from the driver's seat? • Is there a reefer maintenance program in place? 			Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Are placards required for any commodities you haul? If "Yes", complete LHT0057 (05/2024) Hazardous & Dangerous Goods Supplement.			Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Describe cargo security measures during transport: _____			
10. Describe cargo security measures when vehicles / trailers are parked: _____			
11. What type of bill of lading is used?		Standard: _____ % or Declared Value: _____ %	
12. Who issues the bill of lading?		Applicant / Insured: _____ % or Shipper: _____ %	
14. Do you have any contracts in place with any shippers that differ from the standard Bill of Lading? If "Yes", please attach copy of contracts.			Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 11. VEHICLES NOT OWNED BY APPLICANT / 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:						
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 (excludes owner operator vehicles listed as described automobiles insured on your Owner's Policy).						
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 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)
- ☐ Vehicle List (including year, make, VIN, body type, dashcam, telematics, fuel type i.e., electric, hydrogen etc.)
- ☐ Driver List (including name, date of birth, license number, license province, training, years SIMILAR experience, date of hire)
- ☐ Driver Abstracts (MVRs)

LICENSE PROVINCE	ABSTRACT 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

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