

# Pulp / Logging Truck 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. OPERATIONS

### 1. Full description of operations:

How do you generate revenue?

By the: Hour ☐ Load ☐ Mile ☐ Day ☐ Tonne ☐ Other ☐ \_\_\_\_\_

### 2. Radius of Operations:

Enter percentage of annual mileage operating within the following radius categories:

Kilometres	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:

How many vehicles are IRP plated? \_\_\_\_\_ Power units: \_\_\_\_\_ Trailers: \_\_\_\_\_

Annual Kilometres:

IRP plated vehicles: \_\_\_\_\_ km Non-IRP plated vehicles: \_\_\_\_\_ km Total: \_\_\_\_\_ km

	Harvest or Lot Pickup Locations (County and Province)	Sawmill or Delivery Location (Business Name, County and Province)
Past 12 months		
Next 12 months		

Locations Travelled:

Road Type	Percentage
Public roads – roads maintained by public governments	%
Private roads – asphalt or gravel	%
Private roads – forestry or resource	%
Other:	%
Total	100%

Cargo	Percentage
Hardwood veneer logs	%
Sawlogs	%
Pallet grade logs	%
Pulpwood	%
Wood chips	%
Biomass/residue	%

Cargo	Percentage
Processed Product (e.g., Posts Poles and Pilings)	%
Firewood	%
Heavy equipment	%
Other:	%
Other:	%
Other:	%
Total:	100%

3. Cargo carried: Owned ☐ % Goods for others ☐ %

4. For mileage travelled, what percentage of trailer combinations hauled are:

Single Trailer: % Double Trailer: % Triple Trailer: %

5. Details of all equipment attached to or forming part of any vehicle or trailer:

**Full Description of Attached Equipment**

**Value (List Price New)**


6. Do you use any "non-owned" trailers? Yes ☐ No ☐

If "Yes",

Number in your possession at any one time: Average # Maximum #

Value any one unit: Average value Maximum value

**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"/>
<i>Specify below.</i>			
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 a copy.	

Additional Comments: \_\_\_\_\_

1. Identify all training provided to drivers: ☐ Loading of cargo ☐ Cargo securement ☐ Driving on forest/resource roads  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

2. What driver management programs do you have in place?  
☐ fatigue management ☐ drug & alcohol testing ☐ Other: \_\_\_\_\_

3. Are driver abstracts ordered and reviewed for all drivers prior to hire? Yes ☐ No ☐

4. How often are driver abstracts ordered and reviewed after date of hire?  
☐ semi-annually ☐ annually ☐ Other: \_\_\_\_\_

5. Are there established driver acceptability standards? Yes ☐ No ☐  
If "Yes",

- Minimum age: \_\_\_\_\_
- Minimum years similar to 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: \_\_\_\_\_

6. Is there a disciplinary process in place? Yes ☐ No ☐

**SECTION 3. VEHICLES**

1. Are all vehicles inspected daily prior to the first trip? Yes ☐ No ☐
2. Is there a checklist for daily trip inspections? Yes ☐ No ☐
3. Is there written defect reporting? Yes ☐ No ☐
4. Is there a documented preventative maintenance program? Yes ☐ No ☐
5. Is a written record maintained for all repairs? Yes ☐ No ☐
6. Is vehicle maintenance and repair completed by licensed mechanics? Yes ☐ No ☐
7. Are all vehicles equipped with two-way radio communication? Yes ☐ No ☐
8. What percentage of vehicles are equipped with the ELDs? \_\_\_\_\_ %  
Identify the 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 Telematic 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 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	ABSTRACT REQUIRED
ON, NL, PE	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 <a href="mailto:ABABSTRACT@INTACT.NET">ABABSTRACT@INTACT.NET</a>

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