

3. Are any vehicles used for chartering (other than school trips)? YES _____ NO _____
If "YES", please describe and indicate radius of operation and total estimated annual mileage: _____

4. Please indicate any filings or Additional Interests for whom Certificates are required: _____

5. Please indicate principle routes: _____

6. Indicate coverages required with limits and deductibles: _____

7. Indicate (or provide a list) of the types of claims incurred over the past five years. Incurred claims would include all payments plus a reserve for outstanding claims:

8. RIN/CVOR # _____

9. Do any vehicles have a public vehicle license? (These vehicles would require the \$2M Road Hazard/\$ 8M Passenger Hazard Limits)

10. Are there any vehicles used that are not registered to named insured? (e.g. Personal vehicles being used for business. If so, provide details regarding registered owner, why is this client insuring it.)

11. Contact Person. (If we require more information we have a name in file.)

12. Is regular vehicle maintenance carried out by a licensed mechanic? How often?

Attach copy of Vehicle Maintenance Procedures.
Attach copy of Fleet Safety Program.
13. Are there regular spot checks on the vehicles during the maintenance? Meaning are there regular checks on tires for leaks, leaks under vehicles (oil), signal lights working, headlights, etc. If so, do they keep records?

14. Do all vehicles comply with the gross weight regulations?

15. Are all drivers
1) Properly licensed to drive those particular vehicles (dumps, buses)? _____
2) Is a motor vehicle abstract obtained on drivers before hiring? _____
3) Is there an annual review of driving records? _____

16. Does insured hold or provide drivers with regular safety seminars to attend: e.g. Planning ahead for winter maintenance, Accident Preventability?

17. Does insured get regular updates from the Ministry?

18. Rules/Resource Guide available to all new drivers. Provide copy for review.

A completed signed automobile application with commercial supplement will be required to bind coverage.

“Disclosure and Consent

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker’s or insurance company’s policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.”

DATE: _____

COMPLETED BY: _____ POSITION: _____