



Owner Operator Insurance 1-9 Power Units Application

NAME OF AGENT/BROKER: _____

CONTACT NAME: _____ **AGENT NO.** _____

1. GENERAL INFORMATION:

1.1 Name of Applicant:

Name: _____ Owner: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

1.2 Type of Operation:

- Common Carrier Contract Carrier Private Carrier Other

How long has applicant been self-employed? _____

Is this a new venture? YES NO

1.3 Present Policies:

	Expiry Date(dd-mm-yy)	Policy No.	Name of Insurer
Automobile			
C.G.L.			
Cargo			

1.4 Insurance History

Has any Insurer cancelled, declined, refused to renew or issue insurance to the Applicant in the four (4) years preceding this application?
 YES NO

If YES, state name of Insurer _____

How long has this agent/broker known the Applicant? _____

Does this agent/broker **actually write** the coverages for which this Application has been submitted?
 YES NO

1.5 Coverage Required:

	Present Policy		Required Policy	
	Limits	Deductible	Limits	Deductible
Section A: Third Party Liability	\$	\$	\$	\$
Physical Damage to Insured TRACTORS	\$	\$	\$	\$
Physical Damage to Insured TRAILERS	\$	\$	\$	\$
Comprehensive General Liability	\$	\$	\$	\$
Cargo	\$	\$	\$	\$

1.6 Other Coverage or Endorsements Required:

	Present Policy		Required Policy	
	Limits	Deductible	Limits	Deductible
	\$	\$	\$	\$
	\$	\$	\$	\$

2. EQUIPMENT LIST:

PLEASE NOTE THAT WE REQUIRE A RECENT MECHANICAL REPORT FOR ANY VEHICLE OLDER THAN 5 YEARS.

2.1 List of Tractors: (If number of tractors exceeds the space provided, please list on a separate page and append.)

Unit	Year	Make-Body Type	Serial Number	Purchase Date dd-mm-yy	Price Paid	A.C.V.
01					\$	\$
02					\$	\$
03					\$	\$
04					\$	\$
05					\$	\$
06					\$	\$
07					\$	\$

2.2 List of Trailers: (If number of trailers exceeds the space provided, please list on a separate page and append.)

Unit	Year	Make-Body Type	Serial Number	Purchase Date dd-mm-yy	Price Paid	A.C.V.
01					\$	\$
02					\$	\$
03					\$	\$
04					\$	\$
05					\$	\$
06					\$	\$
07					\$	\$

2.3 List of Other Vehicles:

Unit	Year	Make-Body Type	Serial Number	Purchase Date dd-mm-yy	Price Paid	A.C.V.
01					\$	\$
02					\$	\$
03					\$	\$

Are any of the vehicles equipped with an anti-theft system?

YES NO

If YES, please list the type of system for each unit number:

Are vehicles stored inside or parked near a building?

YES NO

If YES total value of equipment concentrated in this area: \$ _____

Provide building construction and security information:

3. DRIVERS INFORMATION:

PLEASE PROVIDE A CONFIRMATION OF 3-YEAR LOSS HISTORY FROM ALL PREVIOUS INSURERS.
PLEASE NOTE THAT WE REQUIRE RECENT MVRS FOR ALL DRIVERS.

3.1 List of Drivers:

Name	Birth Date dd-mm-yy	Years driving vehicle type	Accidents		Demerits Or Points	Suspension or Revocation		Employe d Date dd-mm-yy
			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"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

If you answered YES under the Accidents and/or Suspension or Revocation columns, please provide details below:

4. RADIUS OF OPERATION:

4.1 Mileage:

Total Annual Kilometres: _____ Maximum Radius of Operation: _____

Does applicant have any vehicles with a radius of operation less than 160km (100 miles)? YES NO

If YES, supply unit number and describe vehicle use: _____

4.2 Territory Covered:

(Based on total annual kilometres or total annual mileage for all vehicles to be covered under the policy)

United States %	Canada %
------------------------	-----------------

Please list the percentage travelled in each of the following jurisdictions:

Alabama	%	Alberta	%	NWT & Nunavut	%
California	%	British Columbia	%	Ontario	%
Florida	%	Manitoba	%	P.E.I.	%
Texas	%	New Brunswick	%	Quebec	%
		Newfoundland	%	Saskatchewan	%
All Other States	%	Nova Scotia	%	Yukon Territories	%

PLEASE PROVIDE A COPY OF THE APPLICANT'S FUEL TAX REPORT.

4.3 Authorities and Filings:

List all provinces and states in which you maintain operating authorities and filings

Please provide ICC Docket Number: _____ DOT Number: _____ BASE STATE _____

Please provide PEVL (Quebec) as a separate attachment, if applicable.

Please provide CVOR (Ontario) as a separate attachment, if applicable.

Has the Applicant been audited in the past three (3) years? If YES, please provide a copy of audit results. YES NO

Does the Applicant haul exclusively for one shipper or trucking company? YES NO

If YES, please provide the name of this company: _____

Does the Applicant use non-owned trailers? YES NO

If YES, please provide type and maximum value of trailer: _____

Are the Applicant's back hauls guaranteed? YES NO

Describe all operations other than transportation:

5. MOTOR TRUCK CARGO LIABILITY:

5.1 Provide details on commodities hauled:

COMMODITY	% OF TOTAL	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE
Beer, Wine , Spirits**	%		
Building Materials	%		
Containers	%		
Explosives**	%		
Fertilizer – Non Hazardous	%		
Frozen Food	%		
Furniture	%		
Grain	%		
Hazardous Goods**	%		
Lumber	%		

OTHER COMMODITIES	% OF TOTAL	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE
Machinery	%		
Meat	%		
Oilfield Equipment	%		
Oversize and/or Overweight	%		
Paper	%		
Pipe	%		
Produce	%		
Radioactive Material**	%		
Steel	%		
Tobacco Products**	%		

5.2 OTHER COMMODITIES:

When describing commodities hauled **PLEASE AVOID USING THE TERM GENERAL FREIGHT.**

COMMODITY DESCRIPTION	% OF TOTAL	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE
	%		
	%		
	%		
	%		

COMMODITY DESCRIPTION	% OF TOTAL	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE
	%		
	%		
	%		
	%		

****For these and all other high-risk commodities, please provide all available information.
PLEASE PROVIDE A CONFIRMATION OF 3-YEAR LOSS HISTORY FROM ALL PREVIOUS INSURERS.**

