

## COMMERCIAL FLEET INSURANCE QUOTE FORM

INSURANCE COMPANY

☐ QUOTE ☐ NEW ☐ RENEWALPOLICY /  
BINDER NUMBER

## 1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

## 2. BROKER'S NAME AND POSTAL ADDRESS

CONTACT NUMBER

HOME

CELL

BUSINESS

FAX

PREFERRED LANGUAGE

☐ ENGLISH☐ FRENCH

EMAIL ADDRESS

WEBSITE ADDRESS

POSTAL  
CODE

CONTACT NUMBER

HOME

BUSINESS

CELL

FAX

BROKER CONTRACT NUMBER

BROKER SUB-CONTRACT NUMBER

GROUP / PROGRAM NAME

GROUP ID

BROKER CLIENT ID

COMPANY CLIENT ID

## 3. POLICY PERIOD

EFFECTIVE DATE

TIME

A.M. ☐  
P.M. ☐

EXPIRY DATE

AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S  
POSTAL ADDRESS STATED HEREON.

## 4. APPLICANT DATA

LEGAL ENTITY ☐ INDIVIDUAL ☐ JOINT VENTURE ☐ CORPORATION ☐ OTHER \_\_\_\_\_

PRINCIPALS(S) NAME \_\_\_\_\_

DESCRIPTION OF OPERATIONS \_\_\_\_\_

PARENT RIN \_\_\_\_\_

FLEET RIN \_\_\_\_\_

CVOR NUMBER \_\_\_\_\_

CVOR RATING \_\_\_\_\_

BUSINESS START DATE \_\_\_\_\_

RELATED PRIOR EXPERIENCE: NUMBER OF YEARS \_\_\_\_\_

## 5. BUSINESS TYPE

## CHECK AS APPROPRIATE

☐ COMMON CARRIER☐ COURIER SERVICE☐ DRIVING SCHOOL☐ LEASING TO OTHERS☐ CONTRACT CARRIER☐ ROAD CONSTRUCTION☐ BUS SERVICE☐ PICK UP CUSTOMER GOODS☐ PRIVATE CARRIER☐ GENERAL CONTRACTOR☐ ARTISAN☐ OTHER \_\_\_\_\_☐ DELIVERY, WHOLESALE☐ TOWING SERVICE☐ FARMER☐ DELIVERY, RETAIL☐ TAXI / LIMO☐ PUBLIC VEHICLES

## 6. LOSS HISTORY

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THE APPLICANT IN THE PAST 5 YEARS? ☐ YES ☐ NO IF YES, COMPLETE THE CHART BELOW:

LOSS DATE	CLAIM STATUS	CAUSE	AT FAULT	PAID AMOUNT	RESERVE	INSURANCE COMPANY	POLICY NUMBER	DRIVER NAME

## 7. POLICY HISTORY

NAME OF PREVIOUS INSURER

POLICY NUMBER

EXPIRY DATE

EXPIRING PREMIUM

HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW ANY COMMERCIAL INSURANCE TO THE APPLICANT WITHIN THE PAST 5 YEARS? ☐ YES ☐ NO IF YES, PROVIDE DETAILS BELOW:

INSURER \_\_\_\_\_

REASON \_\_\_\_\_

LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY

☐ UMBRELLA ☐ CGL ☐ PROPERTY☐ OTHER \_\_\_\_\_☐ UMBRELLA ☐ CGL ☐ PROPERTY☐ OTHER \_\_\_\_\_☐ UMBRELLA ☐ CGL ☐ PROPERTY☐ OTHER \_\_\_\_\_WILL THE INSURANCE COMPANY BE QUOTING ON OTHER INSURANCE? ☐ YES ☐ NO IF YES, PROVIDE DETAILS BELOW:

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## 8. DETAILS OF COMMODITIES CARRIED

INDICATE THE ESTIMATED PERCENTAGE OF ANNUAL RECEIPTS FOR EACH COMMODITY HAULED ON THE CHART BELOW. IF THE COMMODITY IS NOT LISTED, ADD UNDER "OTHER".

COMMODITIES HAULED <small>*IF EXPLOSIVES OR RADIOACTIVE MATERIAL IS HAULED, COMPLETE THE APPROPRIATE QUESTIONNAIRE.</small>	PERCENTAGE OF LOADS	AVERAGE LOAD VALUE	MAXIMUM LOAD VALUE	PERCENTAGE OF LOADS THAT REACH MAXIMUM VALUE	PERCENTAGE OF GROSS RECEIPTS
APPLIANCES	%			%	%
AUTO PARTS / ACCESSORIES	%			%	%
BEER / LIQUOR	%			%	%
CAMERAS / SCIENTIFIC INSTRUMENTS	%			%	%
FURS / PELTS	%			%	%
HAZARDOUS / DANGEROUS GOODS*	%			%	%
MEAT / SEAFOOD	%			%	%
OFFICE MACHINES	%			%	%
PHARMACEUTICALS / DRUGS	%			%	%
PRECIOUS METALS	%			%	%
TEXTILES / CLOTHING	%			%	%
TOBACCO PRODUCTS	%			%	%
TOOLS	%			%	%
OTHER _____	%			%	%

## 9. RANGE OF OPERATION

IN CANADA	STATE DESTINATION BY MAJOR CITY(S)	% OF TRIPS	IN U.S.A.	STATE DESTINATION BY MAJOR CITY(S)	% OF TRIPS
WITHIN 40 KM		%	WITHIN 40 KM		%
FROM 41 KM TO 80 KM		%	FROM 41 KM TO 80 KM		%
FROM 81 KM TO 160 KM		%	FROM 81 KM TO 160 KM		%
FROM 161 KM TO 320 KM		%	FROM 161 KM TO 320 KM		%
FROM 321 KM TO 480 KM		%	FROM 321 KM TO 480 KM		%
FROM 481 KM TO 800 KM		%	FROM 481 KM TO 800 KM		%
FROM 801 KM TO 960 KM		%	FROM 801 KM TO 960 KM		%
OVER 960 KM		%	OVER 960 KM		%
FURTHEST DESTINATION IN CANADA		%	FURTHEST DESTINATION IN U.S.A.		%

## 10. ARTISAN

AVG. NO. OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY:

IS THE VEHICLE ALSO USED FOR PLEASURE? ☐ YES ☐ NO

## 11. VEHICLE FILINGS

LIST ALL FEDERAL, PROVINCIAL, MUNICIPAL, OR UNITED STATES FILINGS REQUIRED

PROVINCE, STATE, CITY OR ICC \_\_\_\_\_

DOCKET NO. (IF ANY) \_\_\_\_\_

SPECIFY EXACT NAME REQUIRED ON THE FILING \_\_\_\_\_

## 12. ATTACHED MACHINERY AND EQUIPMENT

DESCRIBE MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLES

AUTO NO.	DESCRIPTION	EXCLUDED	OWNED	LEASED	VALUE
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	

## 13. TRAILERS

## 14. PLEASURE USE

## 15. TRAILER TRAIN

## 16. SPECIAL / SEASONAL USE

AUTO NO.	IS THE VEHICLE USED TO HAUL ANY TRAILERS?	AUTO NO.	STATE %	IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN	ANY SPECIAL OR SEASONAL USE?	AUTO NO.	NO. OF MONTHS	IF YES, DESCRIBE USAGE (EG. SNOW REMOVAL, ROAD SALTING?)
	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			

## 17. NON-OWNED VEHICLE

DOES THE APPLICANT NEED OPCF/SEF/QEF/NBEF 27/27B LIABILITY FOR DAMAGE TO NON-OWNED VEHICLES? YES ☐ NO ☐ IF "YES" SPECIFY BELOW:

(A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	(B) VEHICLE TYPE OF NON-OWNED VEHICLE	(C) AVERAGE NO. OF VEHICLES AT ANY ONE TIME	AND THEIR AVERAGE VALUE	(D) MAXIMUM NO. OF VEHICLES AT ANY ONE TIME	AND THEIR COLLECTIVE MAXIMUM VALUE	(E) WHAT IS THE VALUE OF THE MOST EXPENSIVE UNIT?
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

## 18. RECREATIONAL VEHICLES

## 19. REMARKS

ARE ANY RECREATIONAL TYPE VEHICLES USED FOR COMMERCIAL PURPOSES?

YES/NO	AUTO NO.	USAGE	FREQUENCY
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

# COMMERCIAL FLEET - VEHICLE SCHEDULE

<b>APPLICANT'S / INSURED'S FULL NAME</b>	<b>POLICY / BINDER NUMBER</b>
	Attached to and forming part of :

<b>POLICY PERIOD</b>			
Effective Date:	Time:	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Expiry Date: <span style="float: right;">AT 12:01 A.M.</span> All times are local times at the Applicant's postal address stated hereon.

Particulars of the described vehicles and as listed before. Insurance for the coverages shall apply to a described VEHICLE only if a premium is shown opposite the vehicle number in the premium option designated or such coverage.

VEHICLE LIST													
AUTO NO.	MODEL YEAR	BODY TYPE	NEW COST INCLUDING EQUIPMENT	VEHICLE IDENTIFICATION NO. (V.I.N. / SERIAL NO.)	LOCATION	RATING CLASS	RATE GROUP				VEHICLE CODE	GROSS VEHICLE WEIGHT	
							AB	DCPD	COLL. AP.	COMP. / SP			

AUTO NO.	LIABILITY		ACCIDENT BENEFITS	DIRECT COMPENSATION PROPERTY DAMAGE		LOSS OR DAMAGE TO INSURED AUTOMOBILE						UNINSURED AUTOMOBILE	ENDORSEMENTS				PREMIUM TOTAL PER VEHICLE
	LIMIT		Limit as stated in the applicable section of the Policy	Limit as stated in the applicable section of the Policy		All Perils or Collision or Upset	All Perils	Collision or Upset	Comprehensive or Specified Perils	Compre- hensive	Specified Perils	Limit as stated in the applicable section of the Policy					
	\$ _____																
	BODILY INJURY PREMIUM	PROPERTY DAMAGE PREMIUM	PREMIUM	DEDUCTIBLE	PREMIUM	DEDUCTIBLE	PREMIUM	PREMIUM	DEDUCTIBLE	PREMIUM	PREMIUM	PREMIUM	ENDORSEMENT NUMBER	LIMIT	DEDUCTIBLE	PREMIUM	



POLICY PERIOD

## DRIVERS LIST

\* A current MVR is required for all drivers with convictions