

Fleet Supplemental Application

NOTES:	Complete if more than 5 vehicles
	This supplemental application replaces Question 5 only of the Community Services Application and must be completed in addition to the Community
	Services Application

Legal Name of Applicant	Policy Numb	ər
Contact Person		
Brokerage Name		

List of Drivers

Name of Driver	Driver's License Number	Convictions in Last 3 Years		
Name of Driver	(Identify out-of-province drivers)	Date	Offense	

Community Services Only – Provide recent MVA for each operator

Provide details and frequency of your driver selection and review process

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List of Vehicles

Year	Make	Model	VIN (or RIN)	List Price New	Seating Capacity	Type of Vehicle (If spare school bus indicate "spare")	Use	Endorsements

Are any vehicles used for chartering (other than school trips)?

If "YES", describe and indicate radius of operation and total estimated annual mileage

Indicate any filings or Additional Interests for whom Certificates are required

Indicate principle routes

Indicate coverages required with limits and deductibles

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YES NO

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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

RIN/CVOR Number		
Do any vehicles have a public vehicle license? (These vehicles would require \$2M Road Hazard/\$8M Passenger Hazard Limits)	YES	NO
If "YES", provide details		
Are there any vehicles used that are not registered to the Applicant? (e.g. personal vehicles being used for business)	YES	NO
If "YES", provide details regarding registered owner and why this client is insuring it		
Is regular vehicle maintenance carried out by a licensed mechanic?	YES	NO
If "YES", how often?		
Attach a copy of Vehicle Maintenance Procedures as well as Fleet Safety Program		
Are there regular spot checks on the vehicles during the maintenance? (e.g. check on tires for leaks, leaks under vehicles, signal lights	VEO	NO
working, headlights, etc.)	YES	NO
If "YES", are records kept?	YES	NO
Do all vehicles comply with the gross weight regulations?	YES	NO
Are all drivers properly licensed to drive those particular vehicles (dumps, buses)?	YES	NO
Is a motor vehicle abstract obtained on drivers before hiring?	YES	NO
Is there an annual review of driving records?	YES	NO
Does the Applicant hold or provide drivers with regular safety seminars to attend? (e.g. planning ahead for winter maintenance, accident		
preventability)	YES	NO
If "YES", provide details		
Does the Applicant get regular updates from the Ministry?	YES	NO
If "YES", provide details		
Are rules/resource guides available to all new drivers?	YES	NO
If "YES", provide a copy for review		
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A completed signed automobile application with Commercial Supplement will be required to bind coverage

Applicant Acknowledgement

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant Name	Title/Position	
Applicant Signature	Date	
Broker Name		
Broker Signature		

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