



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 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



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	_____		