Canal Truck Insurance Application

VIRGINIA

☐Insurance ☐Indemnity **Sections 1 through 6 must be completed for a quote indication. Sections 7 through 9 must be completed in order to bind.**

1. General Information

Applicant Legal Name	Form of Business ☐Individual ☐LLC ☐Partnership ☐Corporation ☐Joint Venture ☐Trust
Company Name (DBA) (if any)	Principal or Majority Owner (please include all principals)
Tax Identification Number or Social Security Number (If provided, certificates of insurance may be accessed from www.canalinsurance.com 24 hours a day)	
Location of Business Premises or Physical Address	Telephone Number / Mobile Phone Number
City / State / Zip Code / County	
Location Is: ☐ Inside City Limits ☐ Outside City Limits	
Mailing Address (if different than above)	
City / State / Zip Code / County	
Please enter the month and year the current operations began: Month: Year:	

Policy Type: ☐ Scheduled Vehicle ☐ Gross Receipts ☐ Gross Mileage

Business Class: ☐ For Hire Trucking ☐ Private Carrier ☐ Non Trucking

For-Hire and Private Operations:
☐Auto or Boat ☐Container ☐ Drive-Away ☐ Dry Bulk or Farm Products ☐ Dry Van / Box ☐Dry Van- Doubles ☐Dump
☐Dump-Coal ☐Flatbed ☐Livestock ☐Log or Pulp ☐Mobile Home ☐Refrigerated ☐Special Type Operations
☐Tanker-Fuel ☐Tanker- Liquids or Compressed Gasses ☐Towing and Recovery ☐ Waste / Garbage

Commodities Transported (Please be specific - general freight and miscellaneous is not acceptable)

%	Commodity	%	Commodity
		Please enter the percentage of loads received from a broker:	

Indicate Policy Term and Payment Method

☐ Short Term Policy: Desired Expiration Date _____ (no payment plan available for short term policies)

Annual Policy: ☐ Full Payment to Company ☐ Company Payment Plan

☐ Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)

☐ Continuous Until Cancelled Policy (2 month escrow deposit and monthly billing)

2. Motor Carrier Filings

MCS-90 Requested: ☐Yes ☐No **Authority Type:** ☐ Common ☐ Contract ☐ Brokerage

MC# **DOT #**

3. History

Have there been any losses in the current year or the past three years? ☐Yes ☐No If yes, please complete below.

Please complete for all lines of business for the current year, as well as for the three years prior, or submit loss runs.

Year	Liability		Physical Damage		Cargo		General Liability	
	# Claims	*Amount Incurred	# Claims	*Amount Incurred	# Claims	*Amount Incurred	# Claims	*Amount Incurred

Please enter the number of claims over $100,000: | Please enter the dollar amount for claims over $100,000:

Loss runs are required for all applicants with five or more power units. Attach separate loss runs if space provided is not sufficient. *Amount incurred should include amounts paid, reserved totals as well as any expenses.

4. Drivers

I declare the following list includes all drivers of vehicles requested to be covered under the policy including employees, leased employees, owner operators, mechanics, family members, and any other person allowed to drive an insured vehicle.

Driver Name	Years of Experience	Convictions and MVR Record	Driver License Number	License State	Year Hired	Date of Birth

5. Vehicles

Description of Vehicles (trailers must be scheduled for liability coverage to apply while detached from a covered power unit)

Unit No.	Model Year	Make and Unit Type	Vehicle Identification Number (VIN)	GVW	Radius	*Stated Value	Gap Coverage (Y/N)	**Is garaging address same as physical? (Y/N)
1								
2								
3								
4								
5								

*Only applicable if Physical Damage coverage is applied for. **If a unit is not garaged at the physical address, it is necessary to list the garaging addresses in the Additional Underwriting Information section of this application.

6. Coverage

Coverages Desired: ☐ Auto Liability ☐ Auto Physical Damage ☐ Motor Truck Cargo ☐ Truckers General Liability

Auto Liability Coverage Selection

Combined Single Limit - each accident
$

If applying for Hired Auto coverage, please enter the annual estimated cost of hire:

If Non-Owned coverage is desired please enter the number of employees: _____

Is this a social service agency or charitable organization? ☐ Yes ☐ No

Auto Physical Damage Coverage Selection

Deductible Desired
☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000

Coverage Desired
☐ Collision and Specified Causes of Loss ☐ Collision and Comprehensive (where available)

Additional Auto Physical Damage Coverages Desired

☐	Additional Towing Limit	$	(in the event of a total loss to the described unit) $2,500 included
☐	Trailer Interchange Limit	$	Minus $1,000 Deductible (UIIA container haulers)
☐	Non-Owned Trailer Limit	$	Minus $1,000 Deductible (coverage applies only while attached to a scheduled power unit)

Motor Truck Cargo Coverage Selection

Please select the desired form: ☐ **Standard** ☐ **Preferred**

Limit Desire Per Vehicle $ | **Deductible Desired** ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000

Units that require specific limits other than above, please indicate below.

Unit No.	Desired Limit	Unit No.	Desired Limit
	$		$

Additional Cargo Coverages or Endorsements Desired

☐ Refrigeration Breakdown - $2,500 minimum deductible required ☐ Removal of Coinsurance Clause ☐ Removal of Commodities Theft

☐ Earned Freight Increase to $ ($1,000 included) ☐ Debris Removal Increase to $ ($25,000 included)

Truckers General Liability Coverage Selection This is for businesses solely involved in "for-hire" transportation of property

Desired Limits General Aggregate - please select one ☐ $1,000,000 ☐ $2,000,000 Each Occurrence $1,000,000 (included)

Employers Liability (Stop Gap) Coverage - Applicable only in ND, OH, WA and WY. Please select either yes or no.

☐ Yes ☐ No $1,000,000 Bodily Injury by Accident - each accident $1,000,000 Bodily Injury by Disease - each employee

$1,000,000 Bodily Injury by Disease - each policy

7. Additional Underwriting Information

Have any drivers been convicted of any of the following? ☐ Yes ☐ No

Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, speed twenty miles or more over the speed limit or driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.

If yes, please provide driver name, conviction date and details:

Please complete all of the following:

☐ Yes	☐ No	Do you own any other businesses?
☐ Yes	☐ No	Have there been any changes in the ownership, management or name of the operation in the past five years?
☐ Yes	☐ No	Are all owned and operated power units listed on this application?
☐ Yes	☐ No	Do you have any mobile equipment subject to financial responsibility laws?
☐ Yes	☐ No	Do you act as a freight forwarder, freight broker or arrange loads for others?
☐ Yes	☐ No	Do you lease to others?
☐ Yes	☐ No	Do you haul double trailers?
☐ Yes	☐ No	Do you haul triple trailers?
☐ Yes	☐ No	Do you allow guest passengers?
☐ Yes	☐ No	Are any vehicles used to transport employees?
☐ Yes	☐ No	Do you hire owner operators on a trip lease basis?
☐ Yes	☐ No	Do you lend, lease or rent trucks, tractors or trailers to others without drivers?
☐ Yes	☐ No	Do you agree to report all drivers to your agent prior to them driving an insured unit?
☐ Yes	☐ No	Do you comply with all DOT regulations concerning driver employment, files and regulations?

If applying for **Non-Trucking Coverage** list name and the motor carrier number of the lessee to whom you are permanently leased.

Name of Motor Carrier: Motor Carrier Number:

Filings Requested	Motor Carrier #	Applicant's Name and Address Exactly As It Appears On Each Permit
☐ Liability BMC 91X ☐ Cargo BMC 34	MC	
☐ Liability – Form E _____ State		
☐ Oversized/Overweight		
☐ Hazardous		
☐ Cargo – Form H _____ State		
☐ SR 22- If yes explain		

Please note: The FMCSA and/or state agencies require a minimum 36 day notice of cancellation on all policies that have an MCS-90 or filings.

Certificates of Insurance

Name	Mailing Address

Additional/Designated Insureds for Auto Liability or Truckers General Liability

Name	Mailing Address	*Type of Additional Insured

*Please enter each desired additional/designated insured by entering the corresponding number: **Auto Liability Additional Insureds**: 1. Designated Additional Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery, 4. Additional Insured Hired/Non-Owned **General Liability Additional Insureds** A. Controlling Interest, B. Designated Person or Organization, C. Managers or Lessors of Premises, D. Mortgagee, E. Owners, Lessees or Contractors, F. Co-Owner of Insured Premises, G. Vicarious Liability for Owners, Lessees or Contractors

Please complete this section for vehicles with different ownership or different garaging addresses

Name and address of vehicle owners other than the named insured (owner types 2, 3 & 4 listed below)

Unit No.	Name of Owner	*Ownership Type	Mailing Address

*Please enter the owner type by entering the corresponding number. 1. Owned by Named Insured, 2. Owned by Leasing Company (long term lease without a driver), 3. Owned by Owner Operator (leased with driver), 4. Owned by Employee of Named Insured (officer). Please note that coverage for owners might not be afforded if this section is not completed.

For Liability Coverage, if a unit is not garaged at the physical address of the applicant, please list the garaging addresses for each unit

Unit No.	Street Address			
City		State	Zip Code	County
Unit No.	Street Address			
City		State	Zip Code	County

Please complete this section for Auto Physical Damage Loss Payees

Unit No.	Name of Loss Payee	Loss Payee Complete Address

Please List The Name and Address of Owners of Non-Owned Trailers

Name of Owner	Address of Owner

Please complete this section if Truckers General Liability coverage is desired

☐ Yes ☐ No Do you haul bulk fuel? If yes, a $1,000 deductible applies. If desired, please indicate an optional higher deductible $

☐ Yes ☐ No Do you repair or service vehicles of others?

☐ Yes ☐ No Do you have dogs at premises? (see exclusion endorsement)

☐ Yes ☐ No Do you carry a firearm? (see exclusion endorsement)

☐ Yes ☐ No Do you generate income from other activities besides the operation of the trucks?

Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)

Please list all premises owned or rented

Street Address

City	State	Zip Code	County

8. *MVR AND CREDIT REPORT ACKNOWLEDGEMENT*

I authorize Canal to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

Disclosure: In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize this Company to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with this Company.

Applicant's Signature _____ Date _____

9. *ACKNOWLEDGEMENT AND SIGNATURE*

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy. I further understand and agree that the Company requires all units to be scheduled if I have requested an MCS-90 or filings.

I recognize that all or parts of my operations are under the Department of Transportation oversight requiring me to adhere to their rules and regulations. I acknowledge that DOT rules and regulations are understood by me, and I will adhere to the rules and regulations including, but not limited to, driver hiring, vehicle inspection, maintenance and hours of service.

NEW POLICY CANCELLATION NOTICE

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

VIRGINIA FRAUD WARNING

WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature of **APPLICANT** **X** _____

Type or Print Applicant Name _____

Title or Relationship to Applicant _____

Date and Time Application Completed _____

Requested Effective Date and Time _____

Signature of **AGENT** of the Applicant **X** _____

Agency Name _____

Address of Agency _____

Canal General Agent Use Only

Date and Time Bound:

Extra Page for Additional Driver and Vehicle Information

Drivers, continued

I declare the following list includes all drivers of vehicles requested to be covered under the policy including employees, leased employees, owner operators, mechanics, family members, and any other person allowed to drive an insured vehicle.

Driver Name	Years of Experience	Violations and MVR Record	Driver License Number	License State	Year Hired	Date of Birth

Drivers with Multiple Violations

Driver Name	Conviction Date and Violation

Vehicles, continued

Description of Vehicles (trailers must be scheduled for liability coverage to apply while detached from a covered power unit)

Unit No.	Model Year	Make and Unit Type	Vehicle Identification Number (VIN)	GVW	Radius	*Stated Value	Gap Coverage (Y/N)	**Is Garaging address same as physical? (Y/N)
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11								
12								
13								
14								
15								

*Only applicable if Physical Damage coverage is applied for. **If a unit is not garaged at the physical address, it is necessary to list the garaging addresses in the Additional Underwriting Information section of this application.

CANAL

☐ INSURANCE COMPANY
☐ INDEMNITY COMPANY

VIRGINIA SUPPLEMENTAL APPLICATION

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

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UNINSURED MOTORIST SELECTION / REJECTION

UNINSURED MOTORIST COVERAGE (UM) - In accordance with the laws of **Virginia** your policy will contain UM coverage with limits equal to the liability limits of your policy. You will be charged for these limits. If you desire you may reject UM limits equal to liability limits. Your selection or rejection of coverage is binding on all persons insured under this policy. Please indicate your selection below:

☐ Accept UM limits equal to liability limits

☐ Reject UM limits equal to liability limits and request UM limits of 25/50/20

☐ Reject UM limits equal to liability limits and request limits of ____

Date Application Completed _____ Signature of Agent of Applicant _____

Signature of Applicant **X** _____ Address of Agent _____

_____

THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER