



CANAL Canal Truck Insurance Application

FLORIDA

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 <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> 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.canal-ins.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 | <input type="checkbox"/> Scheduled Vehicle | <input type="checkbox"/> Gross Receipts | <input type="checkbox"/> Gross Mileage |
| Business Class | <input type="checkbox"/> For Hire Trucking | <input type="checkbox"/> Private Carrier | <input type="checkbox"/> Non Trucking |

| | | | | | | | |
|----------------------------------------|---------------------------------------|---------------------------------------------------------------|----------------------------------------------|----------------------------------------------------|----------------------------------------|-------------------------------------------|--------------------------------------------------|
| For-Hire and Private Operations | <input type="checkbox"/> Auto or Boat | <input type="checkbox"/> Container | <input type="checkbox"/> Drive-Away | <input type="checkbox"/> Dry Bulk or Farm Products | <input type="checkbox"/> Dry Van / Box | <input type="checkbox"/> Dry Van- Doubles | <input type="checkbox"/> Dump |
| | <input type="checkbox"/> Dump-Coal | <input type="checkbox"/> Flatbed | <input type="checkbox"/> Livestock | <input type="checkbox"/> Log or Pulp | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Refrigerated | <input type="checkbox"/> Special Type Operations |
| | <input type="checkbox"/> Tanker-Fuel | <input type="checkbox"/> Tanker- Liquids or Compressed Gasses | <input type="checkbox"/> Towing and Recovery | <input type="checkbox"/> 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: _____

2. Motor Carrier Filings

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)

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)



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 |
|----------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Liability BMC 91X <input type="checkbox"/> Cargo BMC 34 | MC | |
| <input type="checkbox"/> Liability – Form E _____ State | | |
| <input type="checkbox"/> Oversized/Overweight | | |
| <input type="checkbox"/> Hazardous | | |
| <input type="checkbox"/> Cargo – Form H _____ State | | |
| <input type="checkbox"/> 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 Canal 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 Canal.

Applicant's Signature

Date

9. ACKNOWLEDGEMENT AND SIGNATURE

I hereby represent that the information contained in this application is true and agree that a misrepresentation of any of the facts by me may 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.

FLORIDA FRAUD WARNING

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

Type or Print Agent Name _____

License Number _____

Agency Name _____

Address of Agency _____

Canal General Agent Use Only

Date and Time Bound: _____

- INSURANCE COMPANY
- INDEMNITY COMPANY

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

This application **MUST be completed** if Auto Liability Coverage is requested

1. Applicant Name _____

2. DBA, if any _____

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

- a. I hereby reject Uninsured Motorist coverage.
- b. I hereby select Uninsured Motorist Limits of _____ which are lower than my Bodily Injury Liability limits.

ELECTION OF NON-STACKED COVERAGE

(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist coverage. Under this form if injury occurs in a vehicle owned or leased by you or a family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

- I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Signed: _____ **X** _____ Date: _____
 (Named Insured)

PERSONAL INJURY PROTECTION COVERAGE DISCLOSURE AND OFFER

NO-FAULT COVERAGE - For personal injury protection insurance, the Named Insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the Named Insured alone, or to the Named Insured and all dependent resident relatives. A premium reduction will result from these elections. The Named Insured is hereby advised not to elect the lost wage exclusion if the Named Insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

OFFER OF NO-FAULT COVERAGE

Please choose one of the following:

- A. \$10,000 coverage (no deductible) and no reduced benefits.
- B. \$10,000 coverage (no deductible) and the following reduced benefits (select one):
 - Exclude work loss for Named Insured
 - or
 - Exclude work loss for Named Insured and Dependent Resident Relatives
- C. \$10,000 coverage less deductible of *\$_____ applicable to (select one):
 - Named Insured
 - or
 - Named Insured and Dependent Resident Relatives

(*) Deductibles Available:
(\$250) (\$500) (\$1,000)

Reduced benefits are available under Coverage Option C. If desired, select one of the following:

- Exclude work loss for Named Insured
- or
- Exclude work loss for Named Insured and Dependent Resident Relatives

Date: _____ Applicant's Signature: _____ **X**

FLORIDA FRAUD WARNING

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.