



Canal Public Auto Renewal/Anniversary Update Form

Insured Legal Name, Current Policy Number, Renewal Date, Tax Identification Number / Social Security Number, DOT Number

Indicate Policy Term and Payment Method

- Annual Policy, Continuous Until Cancelled Policy, Financed through outside Premium Finance Company, Full Payment to Company, Company Payment Plan

Have there been any changes to any of the following?

- Yes/No for Company Name or Insured's Legal Name, Physical Address or Garaging Location, Business Class or Operations Area of Operations

Please explain all "Yes" answers

It is only necessary to complete the following for Auto Liability: Are all drivers scheduled on the policy?

- Yes/No If no, please explain

If there are any changes from the original application please indicate below. If not, please leave the coverage selections blank.

Coverages Desired: Auto Liability, Auto Physical Damage

Auto Liability Coverage Selection table with columns for CSL, Split Limits, Bodily Injury, Property Damage

Auto Physical Damage Coverage Selection table with columns for Deductible Desired, Coverage Desired, Additional Auto Physical Damage Coverages Desired

Please indicate any additional changes not listed above:

MVR and Credit Report Acknowledgement

I authorize Canal Insurance Company to obtain a copy of any Motor Vehicle Report for rating/underwriting insurance.

Disclosure: In connection with any application for commercial automobile insurance, Canal Insurance Company may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report.

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.

I authorize Canal Insurance Company to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided.

Acknowledgement and Signature

I hereby represent that the information contained on this form is true and agree that my fraudulent or material misrepresentation, omissions, concealment of facts or incorrect statements may result in denial of coverage for a loss and may constitute reason for the company to cancel any policy issued on the basis of the information contained herein.

Signature of Insured, Title or Relationship to Insured, Type or Print Insured Name, Date, Signature of AGENT of the Insured

Premium Calculations (agent use only)

Table with columns for Coverage, Premium, Canal Use Only (New Policy Number, Number of Installments, Amount Enclosed), Deposit or Down Payment

THIS IS NOT A BINDER

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