



Canal Truck 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, Commodities Transported, Maximum Radius Hauled, Area of Operations

Please explain all "Yes" answers

It is only necessary to complete the following for Cargo and Auto Liability: Canal requires all owned, leased and operated units to be scheduled when an MCS-90 or filings are issued. Are all owned, leased and operated equipment scheduled on the policy?

- Yes/No If no, please explain

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, Motor Truck Cargo, Truckers General Liability

Auto Liability Coverage Selection: Combined Single Limit, Annual estimated cost of hire, Number of employees, Social service agency or charitable organization?

Auto Physical Damage Coverage Selection: Deductible Desired, Coverage Desired, Additional Auto Physical Damage Coverages Desired

Motor Truck Cargo Coverage Selection: Desired form, Limit Desire Per Vehicle, Deductible Desired, Units that require specific limits, Additional Cargo Coverages or Endorsements Desired

Truckers General Liability Coverage Selection: Desired Limits, Employers Liability (Stop Gap) Coverage

Please indicate any additional changes not listed above:



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MVR and Credit Report Acknowledgement

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

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. This authorization is valid for future reports obtained for renewal policies with Canal Insurance Company.

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 X Title or Relationship to Insured _____

Type or Print Insured Name _____ Date _____

Signature of AGENT of the Insured X _____

In the states of Rhode Island and Nevada, please forward a signed and completed supplemental application if there is liability coverage and a previous UM/UIM offer was rejected. In Louisiana: If Bodily Injury limits are changed at any time on an existing policy for any reason, it is required that the insured be presented with the supplemental application at renewal and be given the opportunity to select or reject limits previously chosen.

Premium Calculations (agent use only)

Coverage	Premium	Canal Use Only		
Auto Liability		New Policy Number		
Auto Physical Damage				
Motor Truck Cargo				
Truckers General Liability				
TOTAL:		Deposit or Down Payment	Number of Installments	Amount Enclosed