



CANAL INSURANCE COMPANY

Line of Business Endorsement Request

Policy Number _____ Named Insured _____

Request Effective Date _____ (coverage cannot be added prior to the date and time request is received by Canal's Agent)

Indicate Additional Lines of Business Desired (for UM/UIM/PIP separate forms are required to be signed and completed)

- Auto Liability, Auto Physical Damage, Motor Truck Cargo, General Liability, UM/UIM/PIP Accept/Reject Forms

Auto Liability

Limit(s) Desired \$ _____

Auto Physical Damage

Coverage Desired Collision and Specified Causes of Loss, Collision and Comprehensive (not available in all states)

Deductible Desired- Please select one \$500, \$1,000, \$2,500

Additional Coverages Desired

- Additional Towing Limit, Trailer Interchange Limit, Non-Owned Trailer Limit

Table with 6 columns: Model Year, Make and Unit Type, Serial Number, Physical Damage Limit, Owner Type, Name and Complete Address of Loss Payee

*O=Owned by Named Insured, L=Owned by Leasing Company (long term lease without a driver), W=Owned by Owner Operator, E=Owned by Employee of Named Insured (officer)

Motor Truck Cargo- Coverage applies ONLY while attached to a scheduled power unit.

Limit Desired, Deductible Desired- Please select one Per Vehicle \$, \$500, \$1,000, \$2,500, \$5,000

Units that require specific limits, please indicate below.

Table with 8 columns: Model Year, Make and Unit Type, Serial Number, Desired Limit, Model Year, Make and Unit Type, Serial Number, Desired Limit

Commodities Transported

Table with 8 columns: %, Type, Average Value, Max Value, %, Type, Average Value, Max Value

Additional Coverages Desired

- Refrigeration Breakdown- \$2,500 minimum deductible required, Poultry Cages, Water Damage- \$2,500 minimum deductible required, Earned Freight Increase to \$1,000 included, Debris Removal Increase to \$10,000 included

Truckers General Liability- This is for General Liability Coverage on businesses solely involved in "for-hire" transportation of property. Please attach a separate list of all premises owned or rented.

Desired Limits

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

Desired Deductible

Please select one desired property damage deductible. The deductible applies to "property damage" and supplemental expense. A \$1,000 per occurrence deductible is the minimum required deductible for bulk fuel haulers.

- None, \$1,000, \$2,000, \$3,000, \$5,000, \$10,000, \$15,000, \$20,000, \$25,000

Employers Liability (Stop Gap) Coverage

Applicable only in ND, OH, WA and WY. Please select either yes or no for \$1,000,000 limit of each

- Yes, No, Bodily Injury by Accident- each accident, Bodily Injury by Disease- each employee, Bodily Injury by Disease- each policy