



CANAL Canal Truck Insurance Application

NORTH CAROLINA

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
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Company Name (DBA) (if any)	Principal or Majority Owner (please include all principals)
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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
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City	State	Zip Code	County
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Location Is: Inside City Limits Outside City Limits

Mailing Address (if different than above)

City	State	Zip Code	County
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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

<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: _____

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		Coverage Desired	
<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Collision and Specified Causes of Loss	<input type="checkbox"/> 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:

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

UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE

SPLIT LIMITS

_____ I am **rejecting split limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.
 (Initial)

_____ I am **selecting split limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.
 (Initial) Please make your selection of coverage below by initialing the limit you desire.

 Signature of Applicant/Named Insured _____
 Date

	Per Person/ Per Accident BI/ Per Accident PD (000)	Premium
_____ (Initial)	30/60/25	72

Property Damage is subject to a \$100 deductible.

COMBINED SINGLE LIMITS

_____ I am **rejecting combined single limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.
 (Initial)

_____ I am **selecting combined single limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.
 (Initial) Please make your selection of coverage below by initialing the limit you desire.

 Signature of Applicant/Named Insured _____
 Date

(Initial)	CSL	Premium
_____	85,000	116.00
_____	100,000	156.00
_____	200,000	177.00
_____	300,000	209.00
_____	400,000	245.00
_____	500,000	274.00
_____	600,000	316.00
_____	750,000	395.00
_____	1,000,000	505.00

 Applicant's Initials

COMBINED UNINSURED/UNDERINSURED MOTORISTS COVERAGE

I am **rejecting all offers** of Combined Uninsured/Underinsured Motorists Coverage.
 (Can only be rejected if all vehicles are over 26,001 GVW.)

 (Initial)

I am **selecting** Combined Uninsured/Underinsured Motorists Coverage. I have made my selection by initialing
 the limits below that I wish to purchase.

 (Initial)

Per Person/ Per Accident BI/ Per Accident PD (000)	<u>Premium Per Unit</u>
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50/100/25

188

 (Initial)

Property Damage is subject to a \$100 deductible.

(Initial Below)

CSL

Premium Per Unit

85,000

182

125,000

231

200,000

259

300,000

307

400,000

365

500,000

419

600,000

514

750,000

644

1,000,000

782

APPLICANT'S ACKNOWLEDGMENT

The undersigner(s) hereby acknowledge(s) they have read, or have had read to them and understand, the above explanations and offers of Uninsured Motorist Bodily Injury and Property Damage Coverage, and Combined Uninsured/Underinsured Motorist Coverage. Selections have been made by checking the appropriate boxes in the Split Limits section or the Combined Single Limits section. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured Motorist Bodily Injury and Property Damage Coverage and Combined Uninsured/Underinsured Motorist Coverage to select or reject coverage and limits on the behalf of the named insured.

YOUR SELECTION OR REJECTION OF UNINSURED MOTORIST BODILY INJURY AND PROPERTY DAMAGE COVERAGE OR COMBINED UNINSURED/UNDERINSURED MOTORIST COVERAGE IS BINDING ON ALL PERSONS INSURED UNDER THIS POLICY.

Applicant /Named Insured: _____ Date: _____
 By: _____
 Title: _____

Signature of Agent of Insured: _____ Date: _____
 Address: _____
