



# CANAL Canal Truck Insurance Application

VIRGINIA

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](http://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: \_\_\_\_\_

<b>Policy Type</b>	<input type="checkbox"/> Scheduled Vehicle	<input type="checkbox"/> Gross Receipts	<input type="checkbox"/> Gross Mileage
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<b>Business Class</b>	<input type="checkbox"/> For Hire Trucking	<input type="checkbox"/> Private Carrier	<input type="checkbox"/> Non Trucking
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<b>For-Hire and Private Operations</b>	<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
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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



**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





- INSURANCE COMPANY
- INDEMNITY COMPANY

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

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1. Applicant Name

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2. DBA, if any

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### NEW POLICY CANCELLATION NOTICE

**READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

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### VIRGINIA FRAUD WARNING

**WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

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### UNINSURED MOTORIST SELECTION / REJECTION

**UNINSURED MOTORIST COVERAGE (UM)** - In accordance with the laws of **Virginia** your policy will contain UM coverage with limits equal to the liability limits of your policy. You will be charged for these limits. If you desire you may reject UM limits equal to liability limits. Your selection or rejection of coverage is binding on all persons insured under this policy. Please indicate your selection below:

- Accept UM limits equal to liability limits
- Reject UM limits equal to liability limits and request UM limits of 25/50/20
- Reject UM limits equal to liability limits and request limits of \_\_\_\_\_

Date Application Completed \_\_\_\_\_

Signature of Agent of Applicant \_\_\_\_\_

Signature of Applicant **X** \_\_\_\_\_

Address of Agent \_\_\_\_\_

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