



COMMERCIAL TRUCK INSURANCE APPLICATION 1-15 Units

Canal Insurance Canal Indemnity

Proposed Effective Date: _____ Expiration Date: _____

New Policy No: _____

Renewal Policy No: _____

GENERAL INFORMATION

<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____				General Agency: Name _____ Code _____	
				Producing Agency: Name _____ Code _____	
Applicant Name			Company Name (DBA) (if any)		
Phone #	Cell Phone #	US DOT #	Federal ID #	Month/Year Current Operations Began	
Location of the Business or Physical Address, if different			City	State	Zip
Location is:	<input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits		Company Website		
Mailing Address			City	State	Zip
Safety Director		Safety Director Phone #		Operations Director Name	
Safety Director Email Address		Years in Current Position		Operations Director Phone #	
Safety Director Address		Operations Director Email Address			
		Years in Current Position			
Safety Director Address			Operations Director Address		

FOR VIRGINIA APPLICANTS ONLY: 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.

MARYLAND NOTICE OF UNDERWRITING PERIOD ADVISORY NOTICE TO POLICYHOLDERS: We are notifying you that the policy you have just agreed to purchase is subject to a 45 day underwriting period beginning on the effective date of your coverage. Your coverage may be cancelled during the underwriting period if your risk does not meet our underwriting standards. If we decide to cancel the policy, we will send you a written notice of cancellation advising you of the reason(s) for the cancellation and the date on which your policy will be cancelled. Your premium may be recalculated during the underwriting period due to discovery of a material risk factor. If we recalculate the premium, we will send you a written notice of recalculation of premium advising you of the amount of and reason for the recalculated premium.

FOR SOUTH CAROLINA APPLICANTS ONLY: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

OWNER / PRINCIPAL / PRESIDENT

Name		Title			
SSN	Home Address			Apt #	
City	State	Zip	Business Phone		

DESCRIPTION OF OPERATIONS

Business Class	<input type="checkbox"/> Trucking For Hire – Exempt	<input type="checkbox"/> Trucking for Hire – Nonexempt	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Retailer	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Mining	<input type="checkbox"/> Wholesale Distributer	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Forestry
Operations	<input type="checkbox"/> Auto – Boat Haulers	<input type="checkbox"/> Commercial Use – Truck	<input type="checkbox"/> Container/Intermodal	<input type="checkbox"/> Contractors	<input type="checkbox"/> Courier/Specialized Del.
	<input type="checkbox"/> Drive-away	<input type="checkbox"/> Dry Bulk/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"/> Non-Trucking	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> PPT – Corporate Owned	<input type="checkbox"/> Service Truck	<input type="checkbox"/> Special Type Operations
	<input type="checkbox"/> Tanker-Fuel	<input type="checkbox"/> Tanker – Liquids/Comp. Gases	<input type="checkbox"/> Towing & Recovery	<input type="checkbox"/> Waste/Garbage	<input type="checkbox"/> Other _____

Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Brokerage: Do you have Brokerage Authority? ____ Under the same name? ____ Do you broker both exempt & non-exempt loads? ____ If yes, % of brokerage under same name ____%.
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Percent of Loads: (Local) 0 – 150 Miles ____ (Intermediate) 151 – 300 Miles ____ (Long Haul) 301 – 500 Miles ____ (Long Haul) 501 Miles + ____ Longest Trip One Way _____ Miles Annual Miles Driven _____ Miles



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LIST CITY DESTINATIONS BELOW

1.	2.	3.	4.
OPERATIONS BEYOND 300 MILES RADIUS: Identify Metropolitan Areas Traveled Through Or Into			
<input type="checkbox"/> Atlanta <input type="checkbox"/> Balt-Washington <input type="checkbox"/> Boston <input type="checkbox"/> Buffalo <input type="checkbox"/> Charlotte <input type="checkbox"/> Chicago <input type="checkbox"/> Cincinnati <input type="checkbox"/> Alabama, Mississippi, Louisiana	<input type="checkbox"/> Cleveland <input type="checkbox"/> Dallas/Ft Worth <input type="checkbox"/> Denver <input type="checkbox"/> Detroit <input type="checkbox"/> Hartford <input type="checkbox"/> Houston <input type="checkbox"/> Indianapolis <input type="checkbox"/> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	<input type="checkbox"/> Jacksonville <input type="checkbox"/> Kansas City <input type="checkbox"/> Little Rock <input type="checkbox"/> Los Angeles <input type="checkbox"/> Louisville <input type="checkbox"/> Memphis <input type="checkbox"/> Miami <input type="checkbox"/> Delaware, Maryland, New York, New Jersey, Pennsylvania	<input type="checkbox"/> Milwaukee <input type="checkbox"/> Mpls./St Paul <input type="checkbox"/> Nashville <input type="checkbox"/> New Orleans <input type="checkbox"/> New York City <input type="checkbox"/> Oklahoma City <input type="checkbox"/> Omaha <input type="checkbox"/> Florida, Georgia, North Carolina, South Carolina, Virginia
<input type="checkbox"/> Orlando <input type="checkbox"/> Philadelphia <input type="checkbox"/> Phoenix <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Portland, OR <input type="checkbox"/> Richmond <input type="checkbox"/> St. Louis			
<input type="checkbox"/> Salt Lake City <input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco <input type="checkbox"/> Seattle <input type="checkbox"/> Tampa <input type="checkbox"/> Tulsa			
Cities other than above or regular routes _____			

COMMODITIES TRANSPORTED					
Top Customers:					
1. _____ % Load		2. _____ % Load		3. _____ % Load	
Commodity	% of Loads	Maximum Value	Commodity	% of Loads	Maximum Value
Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If yes, attach a copy of the contract.					

PAYMENT OPTIONS					
Annual Policy: <input type="checkbox"/> Full Payment to Company <input type="checkbox"/> Company Payment Plan _____ % Down payment _____ # of installments					
<input type="checkbox"/> Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)					
<input type="checkbox"/> Continuous Until Cancelled Policy (Escrow deposit and monthly billing will be required.) _____ % Deposit					

FILINGS		
Filings Requested	MC # / Cert. #	Applicant's Name and Address Exactly As It Appears On Each Permit
<input type="checkbox"/> Liability BMC 91X		
<input type="checkbox"/> Liability – Form E _____ State		
<input type="checkbox"/> Oversized/Overweight _____ State		
<input type="checkbox"/> Hazardous _____ State		
<input type="checkbox"/> Intermodal		
<input type="checkbox"/> Cargo – Form H _____ State		
<input type="checkbox"/> DMV _____ State		
<input type="checkbox"/> SR 22 – If yes explain		
<input type="checkbox"/> Other _____		
Please note: The FMCSA and/or state agencies require a minimum 36 day notice of cancellation on all policies that have a MCS-90 or other filings.		

LIENHOLDER AND/OR PAYEE INFORMATION		
UNIT #	NAME	ADDRESS
1		
2		
3		
NON-OWNED TRAILERS		
1		
2		
3		

CERTIFICATE OF INSURANCE	
NAME	MAILING ADDRESS



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QUESTIONNAIRE

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	1. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	2. Is all owned equipment scheduled on this application? If no, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you lease your vehicles to others? If yes, who must provide liability coverage? <input type="checkbox"/> You <input type="checkbox"/> Lessee	
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you hire other motor carriers or owner-operators to haul for you? If yes, complete question below, complete Hired Autos Application Supplement and attach copy of lease agreement. If no, skip to question #5.	
		Permanent Basis	Temporary/Trip Basis
A. On what basis are they leased?			
B. Provide annual cost of hire or # of trips			
C. Are vehicles leased with driver?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Are leased vehicles included in this application for insurance?			
(1) If yes, do you require leased vehicle owners to purchase non-trucking liability coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If no:			
a. Is there a written lease agreement stating the lessor will provide primary auto liability coverage while leased to you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Limit of Liability required		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you secure evidence the lessor has primary auto liability coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the lease state that the lessor agrees to provide you with 30 days advance notice if their insurance coverage is being cancelled or reduced?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you pull doubles?	
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you haul intermodal containers?	
<input type="checkbox"/>	<input type="checkbox"/>	7. Is any portion of your operation seasonal? If yes, explain. _____	
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you use any team, hot seat, slip seating or relay driver operations?	
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.	
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you operate more than one terminal? If yes, provide the following	
		LOCATION(S)	# UNITS
		ADDRESS, CITY, STATE	
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you operate mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete Mobile Equipment Supplement.	
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you require use of escort vehicles? If yes and escort vehicles are not included in this application for insurance, provide the name of the insurance carrier, policy number and auto liability limits. If yes and escort vehicles are included in this application, drivers of escort vehicles should be listed in the Driver Information Section.	
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you haul oversized, overweight or hazardous loads? If yes, attach explanation.	
<input type="checkbox"/>	<input type="checkbox"/>	14. For Non-Trucking accounts, does the insured lease to other companies? If yes, what is the DOT # of the other entity? _____	

VEHICLE INFORMATION

UNIT #	MODEL YR	MAKE, MODEL & UNIT TYPE	VIN	RADIUS	GVW or GCW	STATED VALUE	OWNED = O LEASED = L	Gap Coverage (Y/N)	Is garaging address same as physical? (Y/N)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

* **Power Unit:** Tractor or Truck
Trailers: Flatbed, Dry Van, Refrigerated, Dump Belly, Dump Hydraulic, Auto or Livestock



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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 2, 3 & 4 listed below)				
Unit #	Name of Owner	*Ownership Type	Mailing Address	
* Please enter the owner type by entering the corresponding number and/or letter. 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 #	Street Address			
City	State		Zip	County
Unit #	Street Address			
City	State		Zip	County

ADDITIONAL UNDERWRITING INFORMATION

In the past five (5) years, have any drivers been convicted of any of the following? Yes No
 Leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.
 If yes, please provide driver name, conviction date and details: _____

In the past three (3) years, have any drivers been convicted of any of the following? Yes No
 Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, or speeding twenty miles or more over the speed limit.
 If yes, please provide driver name, conviction date and details: _____

For Kansas applicants only: Convictions for exceeding a maximum posted speed limit of 30 to 54 MPH by six MPH or less or exceeding a maximum posted speed limit of 55 to 70 MPH by 10 MPH or less shall not be considered by any insurance company in determining the rate charged for any automobile liability policy.

TRUCKERS GENERAL LIABILITY COVERAGE

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you haul bulk fuel? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you repair or service vehicles of others? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have dogs at premises? (see exclusion endorsement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or anyone else who is an employee carry a firearm to work? (see exclusion endorsement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you generate income from other activities besides the operation of the trucks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to add Contractual Liability |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to add mis-delivery of goods Coverage? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have fuel storage containers on premises? |

Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)

Please list all premises owned or rented

Street Address

City State Zip County

Description of any other operations being conducted by this applicant?

ADDITIONAL/DESIGNATED INSURED 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 and/or letter:
Auto Liability Additional Insureds: 1. Designated Additional Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery.
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 of Owners, Lessees or Contractors.



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INSURANCE HISTORY AND LOSS EXPERIENCE

Provide the following insurance and loss information for the current year plus at least four (4) full prior policy years.

HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST FOUR (4) YEARS?

(Missouri Applicants – Do not answer this question.)

Yes No If Yes, explain. _____

Policy Term	Insurance Company	Policy Number	Liability		Phys Dam		Cargo		General Liability	
			#	Loss Amt.	#	Loss Amt.	#	Loss Amt.	#	Loss Amt.

Please enter the # of claims over \$100,000: _____

Please enter the dollar amount for claims over \$100,000: _____

EXPERIENCE INFORMATION: Furnish currently valued (must be value dated within the last 3 months) insurance company produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least four (4) full prior policy years.

Describe any claim with payment or reserves over \$25,000: _____

NOTICE FOR MARYLAND APPLICANTS: Canal's acceptance of this application is contingent upon the consideration of the applicant's claims history. If accepted, your claims history will also be considered in determining if the policy should be cancelled or non-renewed.

DRIVER INFORMATION

List all individuals that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.

Driver's Name	DOB	Marital Status	Gender	License Number	1 st Yr CDL Issued	Social Security Number	State	Years Driving Similar Equip	Date of Hire

DRIVER INFORMATION continued

List all individuals that will be allowed to drive vehicles requested to be covered. Report all new drivers immediately to your agent.

Driver's Name	# Convicted Viol/Accidents in the Past 3 Years			# Convicted Violations Past Yr
	Minor	Major	Acc.	



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DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:

- | | |
|--|--|
| <input type="checkbox"/> Employment Background Check | <input type="checkbox"/> Pre-employment Drug Test |
| <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Road Test |
| <input type="checkbox"/> Motor Vehicle Record (MVR) review | <input type="checkbox"/> Pre-employment Screening Program (PSP) Report for FMCSA |
| <input type="checkbox"/> Behavioral/ Integrity Testing | <input type="checkbox"/> Physical Abilities Testing |

2. Which of the following is part of your driver performance management process:

- | | |
|---|--|
| <input type="checkbox"/> Annual review of driver's driving record (MVR) | <input type="checkbox"/> Review of electronic engine data |
| <input type="checkbox"/> Periodic review of driver and vehicle out of service violations. (SafeState/CSA2010 Reports) | <input type="checkbox"/> Incentives for violation-free and accident-free driving |
| <input type="checkbox"/> Are Owner Operators subject to Motor Carrier Maintenance Programs, i.e. EOBR/Qualcomm | <input type="checkbox"/> Formal corrective action procedures. If so, please attach. |
| <input type="checkbox"/> Periodic review of accidents/incidents | <input type="checkbox"/> Driver safety training? Description of Program _____ |
| <input type="checkbox"/> Are units governed? If so, what limit _____? | <input type="checkbox"/> Formal Written Hiring Standard. If so, please attach. |

3. Do you adhere to a written vehicle inspection and maintenance program?

- Yes No

If yes, describe or attach program. _____



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COVERAGES

- AUTO LIABILITY** LIMITS: \$ _____ CSL
- LIABILITY FOR NONTRUCKING USE** Leased to: _____
LIMITS: \$ _____ CSL
- HIRED AUTO LIABILITY** Cost of Hire _____
- NON-OWNED** Is the account a Service or Charitable Organization? Yes No # of Power units under agreement _____
- MEDICAL PAYMENTS** Limits _____
 - Property Protection (Michigan Only)
 - Property Damage Buyback (Michigan Only)
 - Medical Expense (Virginia Only)
 - Income Loss Benefits (Virginia Only)
 - New York Spousal Liability Coverage (New York Only)

- PHYSICAL DAMAGE** (Please refer to Vehicle Information Section for Stated Amount values by Vehicle.)
- Comprehensive \$ _____ Deductible Collision \$ _____ Deductible Specific Cause of Loss (SCoL) \$ _____ Deductible
 - TOWING** Amount of Coverage \$ _____.
 - RENTAL REIMBURSEMENT** Amount Per Day \$ _____ for 30 days.
 - ROADSIDE SERVICE**
 - TRAILER INTERCHANGE** # of Power units under agreement _____ Provide a Copy of Agreement
Maximum trailer value \$ _____ # trailer days per power unit _____
 - NON-OWNED TRAILER LIMIT** Limits _____ Provide a Copy of Agreement
 - ENHANCED PHYSICAL DAMAGE** Standard Preferred

- HIRED AUTO PHYSICAL DAMAGE** Complete and Attach Supplement
- CARGO** Limit \$ _____ \$ _____ Deductible (Same for all vehicles with Cargo Coverage)

- OPTIONAL CARGO COVERAGES: (Check all that apply)
- Refrigeration Breakdown – \$2,500 deductible applies Earned Freight Increase to \$ _____ (\$1,000 included)
 - Debris Removal Increase to \$ _____ (\$25,000 Included)

UNINSURED/UNDERINSURED MOTORIST AND NO-FAULT OPTIONS

- UNINSURED MOTORISTS BODILY INJURY** Limits: _____
- UNDERINSURED MOTORISTS BODILY INJURY** Limits: _____
- UNINSURED MOTORISTS PROPERTY DAMAGE** Limits: _____
- PERSONAL INJURY PROTECTION** Limits: _____ Are drivers covered by Workers Compensation? Yes No

Coverage and limit choices in this section are for quoting purposes only. A separate Supplemental Uninsured Motorist/Underinsured Motorist and Personal Injury Protection Form may be required to be completed and signed by the applicant when binding coverage.

TRUCKERS GENERAL LIABILITY COVERAGE SELECTION This is for businesses solely involved in "For-Hire" transportation of property.

- Desired Aggregate Limits – 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

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FRAUD STATEMENTS

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ALASKA and VERMONT: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information may be prosecuted under state law.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly, and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person, who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TEXAS: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed by false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.



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MVR AND CREDIT REPORT ACKNOWLEDGEMENT

I authorize Canal Insurance Company and/or Canal Indemnity to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied.

DISCLOSURE: In connection with the application for commercial automobile insurance, we 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 other than the underwriting of the commercial automobile insurance for which you have applied.

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 is a factor in determining your eligibility for commercial automobile, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize Canal Insurance Company and/or Canal Indemnity 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.

Applicant Signature

Date

For Arkansas Applicant Only: I hereby authorize Canal Insurance Company and/or the Producing Agent to obtain from the **Arkansas Office of Driver Services** a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy

I understand and acknowledge that uninsured, underinsured and no-fault coverage, where applicable and/or required, have been offered to me. I have selected the limit(s) indicated on this application unless other limits are indicated and selected on a supplemental selection/rejection form.

I understand that the coverage selection and limit choices indicated herein will apply to all future policy renewals, continuation and change unless I, or my agent, notify Canal Insurance Company otherwise in writing.

Signature of **APPLICANT** _____
Type or Print Applicant Name _____
Title or Relationship to Applicant _____
Date and Time Application Completed _____
Requested Effective Date and Time _____
Phone # of Applicant _____
Fax # of Applicant _____

Signature of **AGENT**
of the Applicant _____
Agency Name _____
Address of Agency _____
Phone # of Agency _____
Fax # of Agency _____

**Canal General Agent Use Only
Date and Time Bound** _____