Reset

COMMERCIAL VEHICLE SUPPLEMENT

CSIO CEPA

INSURANCE COMPANY	☐ QUOTE ☐ NEW ☐ RENEWAL	POLICY / BINDER NUMBER

1. APPLICANT'S FULL NAME AND POSTAL ADDRESS

POSTAL CODE

CONTACT NUMBER
HOME CELL
BUSINESS FAX

PREFERRED LANGUAGE ☐ ENGLISH ☐ FRENCH

EMAIL ADDRESS

WEBSITE ADDRESS

2. BROKER'S NAME AND POSTAL ADDRESS

POSTAL CODE

CONTACT NUMBER
HOME CELL
BUSINESS FAX

BROKER CONTRACT NUMBER	BROKER SUB-CONTRACT NUMBER
GROUP / PROGRAM NAME	GROUP ID
BROKER CLIENT ID	COMPANY CLIENT ID

3. BUSINESS TYPE

CHECK AS APPROPRIATE (FOR ITEMS MARKED WITH AN ASTERISK AND NUMBER. THE APPLICABLE SECTIONS MUST BE COMPLETED)

- ☐ COMMON CARRIERS
- ☐ CONTRACT CARRIERS
- ☐ PRIVATE CARRIERS
- ☐ DELIVERY, WHOLESALE
- ☐ DELIVERY, RETAIL
- ☐ COURIER SERVICE
- ☐ ROAD CONSTRUCTION
- ☐ GENERAL CONTRACTOR
- ☐ TOWING SERVICE
- ☐ TAXIS/LIMOS COMPLETE ITEM (*18)
- ☐ DRIVING SCHOOL COMPLETE ITEM (*16)
- ☐ BUS SERVICE COMPLETE ITEM (*18)
- ☐ ARTISAN USE ONLY COMPLETE ITEM (*4)
- ☐ FARMER
- ☐ LEASING TO OTHERS
- ☐ PICK UP CUSTOMER GOODS
- ☐ OTHER (SPECIFY) _____

4. ARTISAN

AVG. NO. OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY:

IS THE VEHICLE ALSO USED FOR PLEASURE? ☐ YES ☐ NO

5. DRIVING EXPERIENCE

OPERATOR'S YEARS OF DRIVING EXPERIENCE FOR LISTED VEHICLE OR SIMILAR TYPE.

AUTO NO.	DRIVER NO.	

6. HAULING DONE FOR OTHERS

AUTO NO.	NEVER	DAILY	WEEKLY	OTHER (SPECIFY)
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

7. (A) COMMODOTIES TRANSPORTED

AUTO NO.	LIST MERCHANDISE CARRIED	ARE GOODS CARRIED FOR COMPENSATION?
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO

7. (B) DANGEROUS GOODS TRANSPORTED

IDENTIFY AUTOS CARRYING
(NOTE: IF EXPLOSIVES OR RADIOACTIVE MATERIAL IS CARRIED, COMPLETE, SIGN, AND ATTACH APPROPRIATE QUESTIONNAIRE.)

AUTO NO.	EXPLOSIVES	NUCLEAR / RADIOACTIVE MATERIAL	DANGEROUS GOODS
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

8. TRAVEL AND RADIUS OF OPERATION

AUTO NO.	LIST GARAGING LOCATION(S)	ONE WAY DISTANCE (KMS) NORMAL RADIUS (I)	ONE WAY DISTANCE (KMS) MAXIMUM RADIUS (II)	% OF TOTAL TRIPS (I)	% OF TOTAL TRIPS (II)	NO. OF TRIPS PER MONTH BEYOND STANDARD RADIUS FROM PLACE USUALLY KEPT	DESTINATIONS LIST CITIES, PROVINCES, AND STATES

9. VEHICLE FILINGS

LIST ALL FEDERAL, PROVINCIAL, MUNICIPAL, OR UNITED STATES FILINGS REQUIRED

PROVINCE, STATE, CITY OR ICC	DOCKET NO. (IF ANY)	SPECIFY EXACT NAME REQUIRED ON THE FILING

10. ATTACHED MACHINERY AND EQUIPMENT

DESCRIBE MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO VEHICLES

AUTO NO.	DESCRIPTION	EXCLUDED	OWNED	LEASED	VALUE
		☐ YES ☐ NO	☐	☐	
		☐ YES ☐ NO	☐	☐	
		☐ YES ☐ NO	☐	☐	

11. TRAILERS

AUTO NO.	IS THE VEHICLE USED TO HAUL ANY TRAILERS?
	☐ YES ☐ NO
	☐ YES ☐ NO
	☐ YES ☐ NO

12. PLEASURE USE

STATE %

13. TRAILER TRAIN

IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN

14. SPECIAL / SEASONAL USE

ANY SPECIAL OR SEASONAL USE?	AUTO NO.	NO. OF MONTHS	IF YES, DESCRIBE USAGE (EG. SNOW REMOVAL, ROAD SALTING?
☐ YES ☐ NO			
☐ YES ☐ NO			
☐ YES ☐ NO			

REMARKS

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COMMERCIAL VEHICLE SUPPLEMENT

15. NON-OWNED VEHICLES

DOES THE APPLICANT NEED OPCF/SEF/QEF/NBEF 27/27B LIABILITY FOR DAMAGE TO NON-OWNED VEHICLES? YES ☐ NO ☐ IF "YES" SPECIFY BELOW:

(A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? ☐ YES ☐ NO	(B) VEHICLE TYPE OF NON-OWNED VEHICLE	(C) AVERAGE NO. OF VEHICLES AT ANY ONE TIME	AND THEIR AVERAGE VALUE	(D) MAXIMUM NO. OF VEHICLES AT ANY ONE TIME	AND THEIR COLLECTIVE MAXIMUM VALUE	(E) WHAT IS THE VALUE OF THE MOST EXPENSIVE UNIT?
			$		$	$
			$		$	$
			$		$	$

16. DRIVING SCHOOLS

CHECK ALL EXPOSURES THAT APPLY

AUTO NO.	ROAD COURSE TYPE PUBLIC	ROAD COURSE TYPE PRIVATE	TRACTOR TRAILER TRAINING UNLOADED TRAILER	TRACTOR TRAILER TRAINING LOADED TRAILER
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

17. RECREATIONAL VEHICLES

ARE ANY RECREATIONAL TYPE VEHICLES USED FOR COMMERCIAL PURPOSES?

YES/NO	AUTO NO.	USAGE	FREQUENCY
☐ YES ☐ NO			
☐ YES ☐ NO			
☐ YES ☐ NO			

18. PUBLIC VEHICLES

AUTO NO.	VEHICLE TYPE	USAGE
	☐ BUS ☐ COMMERCIAL VEHICLE	☐ PUBLIC BUS ☐ SCHOOL BUS ☐ PRIVATE BUS ☐ HOTEL OR COUNTRY CLUB BUS ☐ TAXI ☐ LIMOUSINE
	☐ BUS ☐ COMMERCIAL VEHICLE	☐ PUBLIC BUS ☐ SCHOOL BUS ☐ PRIVATE BUS ☐ HOTEL OR COUNTRY CLUB BUS ☐ TAXI ☐ LIMOUSINE
	☐ BUS ☐ COMMERCIAL VEHICLE	☐ PUBLIC BUS ☐ SCHOOL BUS ☐ PRIVATE BUS ☐ HOTEL OR COUNTRY CLUB BUS ☐ TAXI ☐ LIMOUSINE

AUTO NO.	MAX. # OF PASSENGERS NORMALLY CARRIED	MAX. # OF PERMANENTLY ATTACHED SEATS	SERVICE PROVIDED
			☐ REGULAR ROUTE(S) ☐ CITY OR TOWN ☐ REGULAR SERVICE BETWEEN TOWNS ☐ CHARTER ☐ AIRPORT ☐ WEDDINGS ☐ _____
			☐ REGULAR ROUTE(S) ☐ CITY OR TOWN ☐ REGULAR SERVICE BETWEEN TOWNS ☐ CHARTER ☐ AIRPORT ☐ WEDDINGS ☐ _____
			☐ REGULAR ROUTE(S) ☐ CITY OR TOWN ☐ REGULAR SERVICE BETWEEN TOWNS ☐ CHARTER ☐ AIRPORT ☐ WEDDINGS ☐ _____

AUTO NO.	IF REGULAR PUBLIC BUS SERVICE BETWEEN TOWNS: LIST ALL REGULAR DESTINATIONS	ONE WAY DISTANCE	IF CHARTER SERVICE: LIST DESTINATIONS	NO. TRIPS PER MONTH ON AVERAGE
		KMS.		
		KMS.		
		KMS.		

SCHOOL BUSES

AUTO NO.	ARE BUSES ALSO USED FOR CHARTER SERVICE?	NO. TRIPS PER MONTH EACH BUS	MAX. NO. BUSES USED IN CHARTER SERVICE
	☐ YES ☐ NO		
	☐ YES ☐ NO		
	☐ YES ☐ NO		

PRIVATE BUSES

AUTO NO.	ARE BUSES USED TO TRANSPORT EMPLOYEES TO AND FROM WORK?	SPECIFY OTHER PRIVATE BUS USAGE	FREQUENCY OF USE
	☐ YES ☐ NO	☐ SPORTING EVENTS ☐ EMERGENCY EVACUATION ☐ OTHER _____	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ OTHER _____
	☐ YES ☐ NO	☐ SPORTING EVENTS ☐ EMERGENCY EVACUATION ☐ OTHER _____	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ OTHER _____
	☐ YES ☐ NO	☐ SPORTING EVENTS ☐ EMERGENCY EVACUATION ☐ OTHER _____	☐ DAILY ☐ WEEKLY ☐ MONTHLY ☐ OTHER _____

TAXIS OR LIMOUSINES

AUTO NO.	LICENSE PLATE NO.	TAXI NO.	TAXI PLATE NO.	TAXI PLATE LICENSING AUTHORITY

TAXIS OR LIMOUSINES

AUTO NO.	NAME AND ADDRESS OF TAXI PLATE OWNER	ARE INSURED VEHICLES BROKER / DISPATCHED BY OTHER THAN REGISTERED OWNER?	BROKER / DISPATCHER NAME
		☐ YES ☐ NO	
		☐ YES ☐ NO	
		☐ YES ☐ NO	

TAXIS OR LIMOUSINES

AUTO NO.	IS THE INSURED VEHICLE/ PLATE LEASED TO OTHERS?	NAME AND ADDRESS OF LESSEES	ANY VEHICLES USED FOR OTHER THAN TAXI OR LIMOUSINE SERVICES?
	☐ YES ☐ NO		☐ YES ☐ NO
	☐ YES ☐ NO		☐ YES ☐ NO
	☐ YES ☐ NO		☐ YES ☐ NO

19. REMARKS

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