

CSIO**COMMERCIAL VEHICLE SUPPLEMENT**

BROKER CLIENT ID

INSURANCE COMPANY (HEREINAFTER CALLED THE INSURER)	POLICY NO. ASSIGNED	BROKER/AGENT
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APPLICANT - Full name and postal address (include county, district)	BUSINESS TELEPHONE	LEASED AUTOMOBILE - Lessor's full name and postal address
	RESIDENCE TELEPHONE	
	FAX	

1. GIVE DETAILS OF ALL ACCIDENTS AND CLAIMS ARISING FROM THE OWNERSHIP OF ANY AUTOMOBILE DURING THE PAST 6 YEARS, NOT ALREADY LISTED IN THE AUTO APPLICATION

DRIVER NO.	AUTO NO.	DATE (YYYY/MM/DD)	TYPE OF CLAIM	AMOUNT PAID OR ESTIMATE	DESCRIPTION (USE REMARKS SECTION IF NECESSARY)

* BI - BODILY INJURY PD - PROPERTY DAMAGE AB - ACCIDENT BENEFITS COLL - COLLISION AP - ALL PERILS COMP - COMPREHENSIVE SP - SPECIFIED PERILS

2. BUSINESS TYPE - CHECK AS APPROPRIATE (NOTE L=LIGHT H=HEAVY; FOR ITEMS MARKED WITH AN ASTERISK AND NUMBER, THE APPLICABLE ITEM ON PAGE 2 MUST BE COMPLETED)

	L	H		L	H		L	H
COMMON CARRIERS			COURIER SERVICE			DRIVING SCHOOL (*19)		
CONTRACT CARRIERS			ROAD CONSTRUCTION			BUS SERVICE (*22)		
PRIVATE CARRIERS			GENERAL CONTRACTOR			ARTISAN USE ONLY (*17)		
DELIVERY, WHOLESALE			TOWING SERVICE			FARMER		
DELIVERY, RETAIL			TAXIS/LIMOS (*23)			LEASING TO OTHERS		
						PICK UP CUSTOMER GOODS		
						OTHER (SPECIFY)		

3. HOW MANY YEARS HAS THE APPLICANT OWNED OR LEASED EACH COMMERCIAL AUTOMOBILE OR ANY AUTOMOBILE IT REPLACES?		4. HAULING DONE FOR OTHERS					
AUTO NO.		AUTO NO.	NEVER	DAILY	WEEKLY	OTHER	SPECIFY
1		1					
2		2					
3		3					

5. (A) PARTICULARS OF THE MERCHANDISE CARRIED		ARE GOODS CARRIED FOR COMPENSATION?		MAXIMUM VALUE PER AUTOMOBILE
AUTO NO.	MERCHANDISE CARRIED	YES	NO	
1				
2				
3				

5. (B) DESCRIBE IN DETAIL ANY OF THE ABOVE THAT ARE DANGEROUS GOODS AS DEFINED IN THE TRANSPORTATION OF DANGEROUS GOODS ACT. NOTE: IF EXPLOSIVES OR RADIOACTIVE MATERIAL IS CARRIED, COMPLETE, SIGN, AND ATTACH APPROPRIATE QUESTIONNAIRE.

5. (C) IDENTIFY AUTOMOBILES HAULING GOODS OF OTHERS UNDER EXCLUSIVE CONTRACT:

5. (D) PARTICULARS OF CARGO INSURANCE	INSURER	POLICY NO.	AMOUNT	EXPIRY DATE

6. PARTICULARS OF TRAVEL		ONE WAY DISTANCE (KMS)		% OF TOTAL TRIPS		NO. OF TRIPS PER MONTH BEYOND A 40 KM RADIUS FROM PLACE USUALLY KEPT	DESTINATIONS (LIST CITIES, PROVINCES, AND STATES)
AUTO NO.	LOCATION USUALLY KEPT	NORMAL RADIUS (I)	MAXIMUM RADIUS (II)	(I)	(II)		
1							
2							
3							

7. 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

8. DESCRIBE ANY MACHINERY OR EQUIPMENT MOUNTED ON OR ATTACHED TO AUTOMOBILES				
AUTO NO.	DESCRIPTION	OWNED	LEASED	PURCHASE PRICE
1				
2				
3				

9. IS THE AUTOMOBILE USED TO HAUL ANY NON-OWNED TRAILERS? EXPLAIN ALL "YES" RESPONSES IN REMARKS											IS TRAILER OPERATED BEYOND 80 KM RADIUS?		IS TRAILER USED IN CONNECTION WITH APPL'S OCCUPATION?	
AUTO NO.	YES	NO	LENGTH	WIDTH	TRAILER TONNAGE OR CAPACITY (LITRES)	YEAR	MAKE	TYPE	V.I.N.	COST NEW PRICE	YES	NO	YES	NO
1														
2														
3														

10. IS ANY DESCRIBED VEHICLE LEASED OR RENTED TO OTHERS? YES NO AUTO NO. LEASED CONTRACT PERIOD (YYYY/MM/DD)				11. STATE % OF PLEASURE USE AUTO NO. % % %		12. IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN AUTO NO. DESCRIPTION				13. ARE ANY OF THE AUTOMOBILES USED FOR OTHER THAN THEIR REGULAR AND USUAL PURPOSE DURING ANY PART OF THE YEAR (EG. SNOW REMOVAL, ROAD SALTING)? YES NO AUTO NO. NO. OF MONTHS DESCRIPTION										
14. DOES THE APPLICANT NEED OPCF/SEF/QEF/NBEF 27/27B LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES? YES NO IF "YES" SPECIFY:																				
(A) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT? YES NO AUTO NO. SPECIFY		(B) TYPE OF NON-OWNED AUTOMOBILE				(C) AVERAGE NO. OF AUTOMOBILES AT ANY ONE TIME AND THEIR AVERAGE VALUE \$		(D) MAXIMUM NO. OF AUTOMOBILES AT ANY ONE TIME AND THEIR COLLECTIVE MAXIMUM VALUE \$		(E) WHAT IS THE VALUE OF THE MOST EXPENSIVE UNIT? \$										
15. MAX NUMBER OF PASSENGERS NORMALLY CARRIED			MAX NUMBER OF PERMANENTLY ATTACHED SEATS			16. DRIVER INFORMATION						DATE FIRST LICENCED TO DRIVE (YYYY/MM/DD)								
AUTO NO.						DRIVER NO.	AUTO NO.	NAME	LICENCE NUMBER											
						1														
						2														
						3														
COMPLETE FOLLOWING QUESTIONS IF APPLICABLE																				
17. ARTISAN AVG. NO. OF CUSTOMERS' LOCATIONS VISITED IN A WORK DAY. IS THE VEHICLE ALSO USED FOR PLEASURE? YES NO						19. DRIVER SCHOOL AUTOMOBILES														
18. CAR AND VAN POOLS ARE ANY AUTOMOBILES USED IN A CAR OR VAN POOL? AUTO NO. YES MAX. NO. OF PASSENGERS REMARKS						(A) INDICATE WHICH AUTOS ARE DUAL EQUIPPED				(B) CHECK TYPE OF SCHOOL OPERATION				(C) CHECK ALL EXPOSURES THAT APPLY						
						COMMERCIAL DRIVING SCHOOL?				SCHOOL/COLLEGE/UNIVERSITY DRIVER TRAINING COURSE?				PUBLIC ROADS?		EMPTY VEHICLE?		TRANSPORT GOODS FOR OTHERS?		
AUTO NO.	NO	YES				AUTO NO.	YES	NO	AUTO NO.	YES	NO	AUTO NO.	YES	NO	AUTO NO.	YES	NO	AUTO NO.	YES	NO
20. FIRE, POLICE, AMBULANCE, AND FUNERAL DIRECTOR AUTOMOBILES ARE ANY AUTOMOBILES USED FOR PATROL OR EMERGENCY USE? YES NO AUTO NO. IF "YES", PROVIDE DETAILS OF SUCH USE						21. RECREATIONAL VEHICLES USED FOR COMMERCIAL PURPOSES ARE ANY CAMPER MOTOR VEHICLES, MOTOR HOMES, HOMETRAILERS, OR OTHER RECREATIONAL TYPE AUTOMOBILES USED FOR NON-PLEASURE PURPOSES? YES NO AUTO NO. IF "YES", SPECIFY THE ITEMS, THE USE AND THE FREQUENCY OF SUCH USE														
22. BUSES						(A) INDICATE TYPE OF BUS:								(B) PUBLIC BUS SERVICE (CHECK ALL THAT APPLY)						
AUTO NO.	PUBLIC	SCHOOL	HOTEL OR COUNTRY CLUBS	PRIVATE	OTHER	REMARKS					REGULAR ROUTE(S) IN A CITY OR TOWN	REGULAR SERVICE BETWEEN TOWNS	CHARTER SERVICE							
IF REGULAR PUBLIC BUS SERVICE BETWEEN TOWNS - LIST ALL REGULAR DESTINATIONS AND THE ONE WAY DISTANCE IN KILOMETERS						(C) SCHOOL BUSES - ARE AUTOMOBILES ALSO USED FOR CHARTER SERVICE?				(D) PRIVATE BUSES - ARE AUTOMOBILES USED ONLY FOR THE TRANSPORT OF EMPLOYEES TO AND FROM WORK?										
IF CHARTER SERVICE - SHOW DESTINATIONS AND THE NO. TRIPS PER MONTH ON AVERAGE						YES	NO	AUTO NO.	NO. TRIPS PER MONTH EACH BUS	MAXIMUM NO. BUSES USED IN CHARTER SERVICE	YES	NO	IF "NO", SPECIFY OTHER USES AND FREQ. THEREOF (INCL. CHARTER WORK)							
								1												
								2												
								3												
23. TAXIS AND LIMOUSINES						(A) PARTICULARS														
AUTO NO.	LICENSE PLATE NO.	TAXI AND PLATE NO.	TAXI PLATE LICENSING AUTHORITY	NAME OF TAXI PLATE OWNER	PLATE OWNER ADDRESS															
1																				
2																				
3																				
(B) ARE INSURED AUTOS BROKER/DISPACHED BY OTHER THAN REGISTERED OWNER? YES NO AUTO NO. IF "YES", GIVE NAME OF BROKER/DISPATCHER						(C) IS THE INSURED AUTOMOBILE/PLATE LEASED TO OTHERS? YES NO AUTO NO. IF "YES", GIVE NAME AND ADDRESS OF LESSEES														
(D) ARE ANY AUTOMOBILES USED FOR OTHER THAN TAXI OR LIMOUSINE SERVICES? YES NO AUTO NO. IF "YES", SPECIFY TYPE OF SERVICE PROVIDED						(E) IF LIMO, SPECIFY SERVICE (AIRPORT, WEDDINGS, ETC)														
REMARKS																				