



COMMERCIAL TRUCK INSURANCE APPLICATION

(Commercial Auto, General Liability, Cargo)

Canal Insurance Canal Indemnity New Policy No: _____ Renewal Policy No: _____
Proposed Effective Date: _____ Expiration Date: _____

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 – Doing Business As) (if any)		
Insured Phone #	Cell Phone #	US DOT #	Federal ID #	MM/DD/YY 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
Email Address of Named Insured					
Safety Director	Safety Director Phone #		Operations Director Name		Operations Director Phone #
Safety Director Email Address	Years in Current Position		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 CONNECTICUT APPLICANTS: Pursuant to § 38a-323a, you may designate a third party to receive notice of cancellation or nonrenewal of this policy. Please notate in the below ADDITIONAL/DESIGNATED INSURED and/or Lienholder and Payee information sections if you wish for a third party to receive notice. Additionally, you may contact us at the following addresses to request a third party cancellation and nonrenewal notification.

Address: P.O. Box 7 Greenville SC 29602
Email Address: Agent.Support@canal-ins.com

FOR SOUTH CAROLINA APPLICANTS ONLY: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 120 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 120 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:		Mobile Phone Number:



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PREMIUM BASIS

- Miles per Canal
 Test Drive
 Scheduled
 Reporters
 Physical Damage Only (Stated Amount)
- Gross Receipts
 Unit Reporter
 Mileage Reporter

PAYMENT OPTIONS

- Canal Pay
 - Canal Payment Plan _____ %Collateral
- Agency Bill
 - Full Pay
 - Canal Payment Plan _____ % Down payment _____ # of installments _____ %Collateral
 - Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)
 - Continuous Coverage Policy (Escrow collateral and monthly billing will be required.) _____ %Collateral

DESCRIPTION OF OPERATIONS (SELECT ALL THAT APPLY)

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 <input type="checkbox"/> Unladen
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"/> Private Passenger – Corp. 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 _____
Video Based Technology Type	<input type="checkbox"/> None <input type="checkbox"/> Dash Cam <input type="checkbox"/> SmartDrive <input type="checkbox"/> Green Road <input type="checkbox"/> Other _____ Number of vehicles with Video Based Technology? _____ If Dash Cam is selected: Which provider is utilized? _____ Dual Facing or Outward-only facing? _____
Telematics Safety Systems	<input type="checkbox"/> Auto Braking <input type="checkbox"/> Space Management Sensors <input type="checkbox"/> Anti-Roll Over Warning <input type="checkbox"/> Web based safety training program utilized <input type="checkbox"/> Lane Departure Warning <input type="checkbox"/> Traffic Sign Recognition <input type="checkbox"/> Blindspot Detection <input type="checkbox"/> Active Lane Assist <input type="checkbox"/> Adaptive Cruise Control If Anti-Roll Over is selected: _____ If Web based safety training program is selected: _____ Which system is utilized? _____ What program is used? _____
Electric or Autonomous Vehicles	Are any of the following types of vehicles used? <input type="checkbox"/> Electric <input type="checkbox"/> Autonomous

Range of Transport (Check all that apply):

- Interstate
 Intrastate

Brokerage: Do you have Brokerage Authority? ____ (Y/N) Name of Brokerage Authority _____
 Do you broker both exempt & non-exempt loads? ____ (Y/N) If yes, % of brokerage under: _____
 Annual Brokerage Revenue _____

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.
If Your Operations Extend Beyond a 300 mile Radius of Your Business Address: Identify Metropolitan Areas Traveled Through Or Into			
<input type="checkbox"/> Atlanta <input type="checkbox"/> Baltimore/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"/> Minneapolis/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 <input type="checkbox"/> _____			
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.					

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.		

CERTIFICATE OF INSURANCE	
NAME	MAILING ADDRESS



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QUESTIONNAIRE

YES NO

1. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.
2. Is all owned equipment scheduled on this application? If no, attach explanation.
3. Do you lease your vehicles to others? If yes, who must provide liability coverage? You Lessee
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	\$ _____	\$ _____
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

5. Do you pull doubles?
6. Do you haul intermodal containers?
7. Is any portion of your operation seasonal? If yes, explain. _____
8. Do you use any team, hot seat, slip seating or relay driver operations?
9. Do you allow passengers other than company employees? If yes, attach copy of passenger program or explain program (frequency, requirements), etc.
10. Do you operate more than one terminal? If yes, provide the following

LOCATION(S)	# UNITS	ADDRESS, CITY, STATE

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.
12. Do you haul oversized, overweight or hazardous loads? If yes, attach explanation
13. Do you own, rent or lease escort vehicles?
 A. If escort vehicles are owned, rented or leased, but are **not** included in this application for insurance, please provide:
 Name of the Insurance Carrier: _____
 Policy number: _____
 Auto liability limits: _____
 B. If escort vehicles are owned, rented or leased and **are** included in this application, drivers of escort vehicles should be listed in the **Driver Information Section**.
 C. If third party escort services are used, are written contracts in place with these providers?
14. For Non-Trucking accounts, does the insured lease to other motor carriers? If yes, what is the DOT # of the other entity? _____
15. Are any of the following commodities hauled?
 -Hazardous Materials Requiring 1,000,000 Liability Limits or Less
 - Hazardous Materials Requiring 5,000,000 Liability Limits
 -Refuse/Waste/Garbage
 -Explosives
 -Logs or Pulpwood
16. Do you carry excess liability policies?
 A. If yes, what is the maximum limit? _____
17. Are you an Armed Service member returning from active service deployment?
18. Do you deliver to an oil field or rig site?



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VEHICLE INFORMATION										
UNIT #	MODEL YR	MAKE, MODEL & UNIT TYPE	VEHICLE IDENTIFICATION NUMBER (VIN)	RADIUS	GROSS VEHICLE WEIGHT (GVW) OR GROSS COMBINATION WEIGHT (GCW)	STATED VALUE	OWNED = O LEASED = L	NAME OF THE OWNER OR LESSOR	GUARANTEED AUTO PROTECTION (GAP) COVERAGE (Y/N)	GARAGING ZIP CODE
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

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?
<input type="checkbox"/>	<input type="checkbox"/> Any General Liability losses in the past 36 months?
<input type="checkbox"/>	<input type="checkbox"/> Does insured have any permanently attached mobile equipment?
<input type="checkbox"/>	<input type="checkbox"/> Does insured own a tank farm?
<input type="checkbox"/>	<input type="checkbox"/> Does insured own or operate other business activities?
<input type="checkbox"/>	<input type="checkbox"/> Does insured have a warehouse?
<input type="checkbox"/>	<input type="checkbox"/> Does applicant own, lease or rent a forklift or any other loading/unloading equipment not permanently attached to a vehicle?
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?	



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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 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.

LIENHOLDER AND/OR PAYEE INFORMATION

UNIT #	NAME	ADDRESS

NON-OWNED TRAILERS

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: PART I

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	Owner Operator (O/O) or Company Driver (C/D)	Date of Birthday (DOB)	Marital Status	Gender	License Number	1 st Yr Commercial Driver's License (CDL) Issued	Social Security Number	State	Years Driving Similar Equipment	Date of Hire	Is this Driver covered by Workers Compensation? (Y/N)



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HOUSEHOLD DRIVER INFORMATION (UNLADEN ONLY)

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

Driver's Name	Owner Operator (O/O) or Company Driver (C/D)	DOB	Marital Status*	Gender	License Number	1 st Yr CDL Issued	Social Security Number	State	Years Driving Similar Equipment	Date of Hire	Is this Driver covered by Workers Compensation? (Y/N)

*The Driver is in a legally recognized Civil Union, answer "Yes" or "Married" to Marital Status

DRIVER INFORMATION: PART II- VIOLATIONS

List all individuals that have been convicted of violations/accidents in the past 3 years. Report all new drivers immediately to your agent.

Driver's Name	# Convicted Viol/Accidents in the Past 3 Years			# Convicted Violations Past Year
	Minor	Major	Accident	

DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:
- Employment Background Check

Criminal Background Check

Motor Vehicle Record (MVR) review

Behavioral/ Integrity Testing

Minimum driver age _____

Pre-employment Drug Test

Road Test

Pre-employment Screening Program (PSP) Report for FMCSA (Federal Motor Carrier Safety Administration)

Physical Abilities Testing

Minimum prior years of experience _____

2. Which of the following is part of your driver performance management process:
- Annual review of driver's driving record (MVR)

Periodic review of driver and vehicle out of service violations. (SafeState/CSA2010 Reports)

Are Owner Operators subject to Motor Carrier Maintenance Programs, i.e. EOBR/Qualcomm

Periodic review of accidents/incidents

Are units governed? If so, what limit _____?

Review of electronic engine data

Incentives for violation-free and accident-free driving

Formal corrective action procedures? **If so, please attach.**

Driver safety training? Description of Program _____

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. _____

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 75 MPH by 10 MPH or less shall not be considered by any insurance company in determining the rate charged for any automobile liability policy.



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OPTIONAL CARGO COVERAGES: (Check all that apply)

- Refrigeration Breakdown – \$2,500 deductible applies
- Temperature Change OR Mechanical Breakdown
- Debris Removal Increase to \$ _____ (\$25,000 Included)
- Earned Freight Increase to \$ _____ (\$1,000 included)

UNINSURED/UNDERINSURED MOTORISTS AND NO-FAULT OPTIONS

Please refer to separate A-101 Supplemental Application to select and/or reject Uninsured Motorist/Underinsured Motorist, Personal Injury Protection and Medical Payment coverages. These coverages, if applicable, are 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.

Deductible _____

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

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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.



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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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

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.



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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.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

Initial _____

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



COMMERCIAL TRUCK INSURANCE APPLICATION
(Commercial Auto, General Liability, Cargo)

ACKNOWLEDGEMENT AND SIGNATURE

I hereby acknowledge that the information contained in this application is true and agree that any intentional 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 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.

For Ohio Applicants Only: "I hereby certify that the information included 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."

For Arkansas Applicants 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.

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, Named Insured's Email Address, Name of Insured's Agent, Address of Agency, Phone # of Agency, Fax # of Agency, Agent License Number

Canal General Agent Use Only
Date and Time Bound