

# CSIO COMMERCIAL VEHICLE SUPPLEMENT

INSURANCE COMPANY (HEREINAFTER CALLED THE INSURER)

POLICY NO ASSIGNED

BROKER/AGENT

**WILL MARSHALL INSURANCE**

APPLICANT - Full name and postal address (include county, district)

BUSINESS TELEPHONE

LEASED AUTOMOBILE - Lessor's full name and postal address

RESIDENCE TELEPHONE

1 GIVE DETAILS OF ALL ACCIDENTS AND CLAIMS ARISING FROM THE OWNERSHIP OF ANY AUTOMOBILE DURING THE PAST 6 YEARS, NOT ALREADY LISTED IN QUESTION #5 OF THE AUTO APP

DRIVER NO	AUTO NO	DATE (YY/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

2 BUSINESS TYPE - CHECK AS APPROPRIATE (NOTE: L = 'LIGHT', H = 'HEAVY'; FOR ITEMS MARKED WITH AN ASTERISK "\*" THE APPLICABLE ITEM ON PAGE 2 MUST BE COMPLETED)

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

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	NEVER	DAILY	WEEKLY	OTHER	(SPECIFY)
1					
2					
3					

5.(a) PARTICULARS OF THE MERCHANDISE CARRIED

AUTO NO	MERCHANDISE CARRIED	ARE GOODS CARRIED FOR REWARD?		MAXIMUM VALUE PER AUTOMOBILE
		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:

1	2	3
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5.(d) PARTICULARS OF CARGO INSURANCE

INSURER

POLICY NO

AMOUNT

EXPIRY DATE

6 PARTICULARS OF TRAVEL

AUTO NO	LOCATION USUALLY KEPT	ONE WAY DISTANCE		% OF TOTAL TRIPS		NO TRIPS PER MONTH BEYOND A 40 KM RADIUS FROM PLACE USUALLY KEPT	DESTINATIONS (LIST CITIES, PROVINCES, AND STATES)
		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

AUTO NO	YES	NO	LEN	WIDTH	TRAILER TONNAGE OR CAP (LITRES)	YEAR	MAKE	TRAILER		V.I.N.	COST PRICE NEW	IS TRAILER OPERATED BEYOND 80 KM RADIUS?		IS TRAILER USED IN CONNECTION WITH APPL'S OCC?	
								TYPE				YES	NO	YES	NO
1															
2															
3															

10. IS ANY DESCRIBED VEHICLE LEASED OR RENTED TO OTHERS?			11. STATE % OF PLEASURE USE	12. IDENTIFY ANY AUTOS THAT WILL FORM ANY PART OF A TRAILER TRAIN			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)?			
AUTO NO	YES	NO		YES	NO	REMARKS	YES	NO	NO MONTHS	REMARKS
1										
2										
3										

14. DOES THE APPLICANT NEED "SEF 27 - LEGAL LIABILITY" FOR DAMAGE TO NON-OWNED AUTOMOBILES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", SPECIFY.										
AUTO NO	(a) HAS LIABILITY BEEN ASSUMED UNDER CONTRACT OR AGREEMENT		(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?		
1	YES	NO			\$		\$	\$		
2					\$		\$	\$		
3					\$		\$	\$		

15. MAX NUMBER OF PASSENGERS NORMALLY CARRIED		16. DRIVER INFORMATION		16. DRIVER INFORMATION		16. DRIVER INFORMATION	
AUTO NO	MAX NUMBER OF PERMANENTLY ATTACHED SEATS	DRIVER NO	NAME	LICENSE NO	NUMBER OF YEARS EXPERIENCE DRIVING SIMILAR VEHICLE		
1		1					
2		2					
3		3					

**COMPLETE THE FOLLOWING QUESTIONS WHERE APPLICABLE**

17. ARTISAN AVG NO CUSTOMERS/LOCATIONS VISITED IN A WORK DAY:				19. DRIVING SCHOOL AUTOMOBILES			
18. CAR AND VAN POOLS				(a) INDICATE WHICH SCHOOL AUTOS ARE AND ARE NOT DUAL EQUIPPED			
ARE ANY AUTOMOBILES USED IN A CAR POOL OR VAN POOL?				(b) SPECIFY TYPE OF DRIVING SCHOOL OPERATED			
AUTO NO	YES	NO	REMARKS	AUTO NO	YES	NO	REMARKS
1				1			
2				2			
3				3			

20. FIRE, POLICE, AMBULANCE, AND FUNERAL DIRECTOR AUTOMOBILES				21. RECREATIONAL VEHICLES USED FOR COMMERCIAL PURPOSES			
ARE ANY AUTOMOBILES USED FOR PATROL OR EMERGENCY USE?				ARE ANY CAMPER MOTOR VEHICLES, MOTOR HOMES, HOME TRAILERS, OR OTHER RECREATIONAL TYPE AUTOMOBILES USED FOR NON-PLEASURE PURPOSES?			
IF "YES", PROVIDE DETAILS OF SUCH USE				IF "YES", SPECIFY THE ITEMS, THE USE AND FREQUENCY OF SUCH USE			
AUTO NO	YES	NO	REMARKS	AUTO NO	YES	NO	REMARKS
1				1			
2				2			
3				3			

22. BUSES							
(a) INDICATE TYPE OF BUS:						(b) PUBLIC BUS SERVICES (CHECK ALL THAT APPLY)	
AUTO NO	PUBLIC	SCHOOL	HOTEL OR CENTRY CLUB	PRIVATE	OTHER	REMARKS	
1							REGULAR ROUTE(S) IN A CITY OR TOWN
2							REGULAR SERVICE BETWEEN TOWNS
3							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 USED FOR CHARTER SERVICE ALSO?				(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				IF "YES": NO TRIPS PER MONTH EACH BUS				MAXIMUM NO BUSES USED IN CHARTER SRVC			
				IF "NO", SPECIFY OTHER USES AND FREQ THEREOF (INC CHARTER WK)							
AUTO NO	YES	NO	REMARKS	AUTO NO	YES	NO	REMARKS	AUTO NO	YES	NO	REMARKS
1				1				1			
2				2				2			
3				3				3			

23. TAXIS AND LIMOUSINES							
(a) PARTICULARS							
AUTO NO	LICENSE PLATE NO	TAXI PLATE NO	TAXI PLATE LICENSING AUTHORITY	NAME OF TAXI PLATE OWNER	PLATE OWNER ADDRESS		
1							
2							
3							

(b) ARE INSURED AUTOS BROKERED/DISPATCHED BY OTHER THAN REGISTERED OWNER?				(c) IS THE INSURED AUTOMOBILE/PLATE LEASED TO OTHERS?			
AUTO NO	YES	NO	IF "YES", GIVE NAME OF BROKER/DISPATCHER	YES	NO	IF "YES", GIVE NAME AND ADDRESS OF LESSEES	
1							
2							
3							

(d) ARE ANY AUTOMOBILES USED FOR OTHER THAN TAXI OR LIMOUSINE SERVICES?				(e) IF LIMO, STATE SPECIFICATION (AIRPORT, WEDDINGS, ETC)			
AUTO NO	YES	NO	IF YES, SPECIFY TYPE OF SERVICE PROVIDED				
1							
2							
3							

REMARKS

CSIO CVS (6/94)