

**AUTO PHYSICAL DAMAGE APPLICATION – CANOPIUS US INS, INC.
FOR USE WITH OUS364**

1. Applicant (include any d/b/a): _____

Business Structure: Sole proprietor; Corporation; LLC, Partnership)

Address: _____

Requested Policy Date: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Full name of any officer, director, manager, member, shareholder, partner, or owner of Applicant.

Has the Applicant or anyone identified in above, filed bankruptcy, individually or as owner, in the past 5 years? If so, please provide details:

Type of Carrier? _____

Type of Operation? _____

Number of years in business: _____ ICC Docket No. MC _____ DOT# _____

2. If different than above, what is the primary garaging/terminal address:

3. Radius of Operation: _____ Average one way trip distance _____

Type of Cargo carried:

4. Are Vehicle(s) Owner-Driven? _____

Are MVR Verifications obtained for all drivers? _____

Do drivers receive regular physicals? _____

Are there written guidelines for hiring new drivers? _____

Please give hiring requirements for employing new drivers:

5. Maximum any one unit \$ _____

Maximum combined unit limit \$ _____

Maximum any one catastrophe/terminal limit \$ _____

Towing, Labor & Storage Limit: \$2,500 Incl. ; \$5,000; \$10,000

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6. **Description of Vehicle: (specify Truck, Tractor, Trailer, Reefer, Tanker)**

| Vehicle | Year | Make/Model | VIN # | Original Cost Including Equipment Alterations and Additions | Amount of Insurance Desired |
|---------|------|------------|-------|---|-----------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

7. **Vehicle(s) legally owned by:** _____

Additional interests/Loss payees:

| Unit # | Name | Address |
|--------|------|---------|
| | | |
| | | |
| | | |

8. **Do you own or use Trucks and/or Trailers other than those listed in Item 6?** Yes No

If "Yes" specify vehicles and state reasons why insurance is not required: _____

Non-Owned Trailer / Trailer Interchange Coverage needed: Yes No

1. Trailer Limit:\$ _____

2. Loss Limit: \$ _____

3. Deductible: \$ _____

While attached only OR While attached and up to 72 hours at secure location

9. **Is Equipment regularly inspected and serviced?** Yes No

If so, at what periods? _____

10. **Do you ever use hired equipment?** Yes No

Is any of your Equipment ever loaned or rented to others? Yes No

11. **Please list all drivers:**

PLEASE NOTE: Drivers under the age of 23 and over the age of 70 will require special acceptance

| | Driver's Full Name (as provided on driver's license) | Date of Birth | Driver's License | | Years Commercial Driving | Years Driving For Applicant | # of Accidents Past 3 Years |
|----|---|---------------|------------------|----------------|--------------------------|-----------------------------|-----------------------------|
| | | | State | License Number | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

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12. Does applicant keep written employee manual/handbook? Yes No
 Written safety manual? Yes No
 What criteria are used to determine whether to terminate employed drivers?

13. Premiums and Losses sustained by applicant last five years:

| Year | Carrier | Premiums | Fire | Theft | Collision | Any other Loss |
|------|---------|----------|------|-------|-----------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

14. Please give details of your existing Auto Physical Damage insurance:

| | | | |
|-------------------------|--|----------------------------|--|
| Carrier | | Existing deductible | |
| Renewal offered? | | Existing limit | |
| Existing rate | | Expiry date | |

Please give details of your existing Auto Liability Damage insurance:

| | | | |
|-------------------------|--|-----------------------|--|
| Carrier | | Expiry date | |
| Renewal offered? | | Existing limit | |

15. Has any insurer within the past 5 years refused to renew, declined to offer, or canceled Auto Physical Damage insurance to the applicant?: Yes No
 If so please give details:

16. 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.

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form will be the basis of the contract, and that any change in the pattern of my/our business or business practices shall be advised to the Company which may at its discretion, alter the terms and conditions of the contract.

Signed _____ Dated _____
 Position _____

| |
|------------------------|
| Financed with: |
| Broker Signature: |
| Broker Name & Address: |