

Commercial Vehicle Rating Supplement

Broker:

Client Name:		Policy / Incumbent Insurer:	
Number of Years Under Present Management:	Years	Year Company Founded:	
Nature of Business:	<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Private Carrier	<input type="checkbox"/> Contract Carrier <input type="checkbox"/> Other Details
Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture

COMPLETE DETAILS ON OPERATIONS

Operations: Retail Deliver Wholesale Delivery Contractor Artisan Pick-Up Customers Goods

Use of Vehicles:

Are any vehicles used under contract? Yes No If "Yes", Specify:

Radius (One way distance)	Radius %	Areas Served					
		Principal City / Town	%	Other Provinces	%	U.S.A.	%
Within 40 kms							
41 – 80 kms							
81 – 160 kms							
161 – 400 kms							
401 – 800 kms							
Over 800 kms							
Maximum?	km						

Are any vehicles used for pleasure? Yes No If "Yes", Specify:

State % of Use For Pleasure: %

Are Any Filings Required? Yes No If "Yes", Specify:

Any USA Exposure? Yes No If "Yes", Specify:

MERCHANDISE CARRIED

*Chemicals: %	*Radioactive Material %	Lumber / Bldg Products: %
*Petroleum Products: %	General Freight: %	Drugs / Alcohol: %
*Industrial Waste: %	Steel Products: %	Sand, Gravel, Earth: %
*High Temp Molten Cargos: %	Food Products: %	Logs, Wood Chips: %
*Explosives: %	Livestock: %	*Other – Specify %

*Give details including all PIN numbers used:

HIRING PROCEDURES / DRIVER CONTROLS

Applications used? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Years of Relevant Driving Experience Required:
Are tests given prior to hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relief drivers for long distances? <input type="checkbox"/> Yes <input type="checkbox"/> No
New drivers trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any written rules? Attach copy: <input type="checkbox"/> Yes <input type="checkbox"/> No
Yearly driver records obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Comments:
# of Minor Convictions Allowed: in three years	
# of Major Convictions Allowed: in three years	
# of Accidents Allowed: in three years	
Prior references checked? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACCIDENT PREVENTION

Do you have a safety supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a planned safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you review accidents with drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Association Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comment on "Yes" Answers:

EQUIPMENT

Are there any vehicles owned by others registered in your name? Yes No

If "Yes", Explain:

Are any vehicles leased from others? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any vehicles leased to others? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "yes" give full details re length of lease, vehicles and lessor / lessee:

Do you have a service and maintenance supervisor? (Background):

Is Safety Supervisor responsible for driver hiring and training? (Background):

Do you have a system of:	Regular vehicle check by driver? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Written defect reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Scheduled vehicle inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Records kept for each vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Carrier profiles reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How often?

Is there any equipment mounted which is designed to perform a function other than for highway travel?

If "Yes", Explain:

Do you own / lease any vehicles, trucks, tractors, trailers or cars other than those listed on the application or policy? Yes No

If "yes", please specify and include use:

Do you pull non-owned trailers? If "yes", specify trailer types / use, maximum value, how many in your care at one time, how often, and for how long:

Other Pertinent Details:

Any personally registered vehicle? Details on owners; relationship to Named Insured, vehicles?

PRIVACY CONSENT

PRIVACY: Have you read Marsh's Privacy Policy, which is available at www.marsh.ca? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?

By signing this form, you are consenting to the statements above.

Name:	Signature:
Title:	
Date: (mm/dd/yyyy)	