CSIO COMMERC		ΑL	_ \	/E	НІ	C	L	E	Sl	JPI	PL	E.	MI		T	POL	ICY NU	MBER		
INSURANCE COMPANY																				
INSURED								BROK							BRO	KER/A	GENT (CLIENT II	D#	
ADDRESS								/AGEN												
ADDRESS																				
1. BUSINESS OF INSURED																				
															N.S.C. R.I.N.					
															C.V.O.R.					
												Y	EARS OI	F FXPF	ERIENCE	IN				
												TH	HIS TYPI	E OF C	PERATIC	ON				
		IB	C INDUS	STRY (CODE:							Y	EAR BU	SINES	S STARTE	<u>∃</u> D				
2. LIST GARAGING LOCATIONS LOC # GARAGING LOCATION ADDRESS																				
EUC# GARAGING LOCATION ADDRESS																				
3. AUTOMOBILE USE	AUTO NO.	YEAR		MAKE		AUTO NO.	YEA	AR .	MAK	Œ	AUTO NO.	YEAR	ı	MAKE		AUTO NO.	YEAR	N	IAKE	
	INO.					INO.					INO.					NO.				
PRIMARY BUSINESS USE																				
GARAGING LOCATION (SEE SECTION 2) FOR ALL OPERATORS OF THIS TYPE OF VEHICLE, MINIMUM	LOC;	#	YRS. OI	- EVD		LOC	#	VDC	. OF EX	D.	LOC		YRS. OF	EVD		LOC#		YRS. OF	EVD	
YEARS OF DRIVING EXPERIENCE FOR VEHICLE OR SIMILAR TYPE OF VEHICLE			183.01	r EXF.				INC	. OF EX	г.			1K3. OF	EXF.				TNS. OF	LAF.	
IS VEHICLE ALSO USED FOR PLEASURE? IF SO, PROVIDE PERCENTAGE PLEASURE USE	YES	NO			%	YES	NO			%	YES	NO			%	YES	NO			%
IF RECREATIONAL VEHICLE USED FOR BUSINESS,]												
IF ARTISAN USE, AVERAGE NUMBER OF CUSTOMER																				
LOCATIONS VISITED IN A WORK DAY IS VEHICLE USED TO HAUL TRAILERS?	YES	$\overline{\Box}$	NO [_		YES	$\overline{}$		NO NO		YES	$\overline{}$	NO	$\overline{\Box}$		YES	$\overline{}$	NO	$\overline{\Box}$	
DOES VEHICLE FORM PART OF A TRAILER TRAIN?	YES	$\frac{\square}{\square}$	NO [YES	旹		NO 🗆		YES		NO			YES	屵	NO	\dashv	
COMMODITIES TRANSPORTED (if vehicle carries exp	<u> </u>	s, nucle		active r	material or		erous			which goo		carried a			ign and at		propria		onnaire	e)
					%					%					%					(
MERCHANDISE CARRIED AND PERCENTAGE USE REMARKS SECTION IF MORE SPACE REQUIRED					%					%					%					(
					%					%					%					(
IF DELIVERY SERVICE - WHOLESALE OR RETAIL	w		R			w		R			w		R _			w	<u>] </u>	R		
HAULING FOR OTHERS		EVER		AILY [WEEKLY		EVER		DAILY [WEEKLY		NEVER	DAI		WEEKLY		EVER	☐ DAIL	<u> </u>	WEEKI
HAULING DONE FOR OTHERS? IF SO, PROVIDE FREQUENCY		IONTHL	=	WE! _			ONTH		DAIL! [MONTHL	=				ONTHLY	=		VVLLIN
RADIUS OF OPERATION																				
NORMAL OPERATING DISTANCE - ONE WAY					KMS					KMS					KMS	_				KMS
% OF TOTAL TRIPS MAXIMUM OPERATING DISTANCE - ONE WAY					% KMS					% KMS					% KMS					% KMS
% OF TOTAL TRIPS					%					%					%					%
NO. OF TRIPS PER MONTH BEYOND THE NORMAL DISTANCE FROM PLACE USUALLY KEPT																				
MOST COMMON DESTINATIONS - LIST CITIES AND PROVINCES. USE REMARKS SECTION IF MORE SPACE IS REQUIRED																				
U.S.A. EXPOSURE																				
ANY U.S.A. EXPOSURE?	YES		NO [YES			NO _		YES		NO			YES		NO		
MOST COMMON DESTINATIONS - LIST CITIES AND STATES																				
NUMBER OF KILOMETERS FROM THE BORDER																				
NUMBER OF TRIPS PER MONTH																				
NUMBER OF CONSECUTIVE DAYS																<u> </u>				
ANNUAL USE %					%					%					%					%

CSIO COMMERCIAL VEHICLE SUPPLEMENT																		
MA	CHINERY AND EQUIPMENT	AUTO NO.	YEAR	MAKE		AUTO NO. YEA	R MAKE		AUTO NO. YEAR		MAKE	AUTO NO. YEAR	2	MAKE				
DES OR A	CRIBE MACHINERY OR EQUIPMENT MOUNTED ON ITTACHED TO VEHICLES																	
EXC	LUDE	YES	s 🔲	NO		YES	NO		YES	NC		YES	N	0				
OWNED OR LEASED OWNED LEASED						OWNED	LEASED		OWNED	LEA	SED	OWNED						
VALU	JE	\$				\$			\$			\$						
SP	ECIAL/SEASONAL USE		_															
SPECIAL OR SEASONAL USE SPEC				ECIAL SEASONAL NONE			SPECIAL SEASONAL NONE			SPECIAL SEASONAL NONE				SPECIAL SEASONAL NONE				
USE (EG. SNOW REMOVAL, ROAD SALTING)																		
PER	CENTAGE OF ANNUAL USE				%			%			%	%						
4. FILINGS REQUIRED																		
AUTO NO. LIST CITY, PROVINCE OR STATE				U.S. DOT# D			OCKET# TYPE OF FILING			SPECIF	Y EXACT NAME	REQUIRED ON THE FILING						
								_										
5.	NON-OWNED VEHICLES/TRAILERS	٨٥٢											lua					
DOES THE APPLICANT NEED 27/27B LIABILITY FOR DAMAGE TO NON-OWNED VEHICLES? YES NO						HAS L	IABILITY BEEN A	SSUM	ED UNDER CONTR	RACT OF	R AGREEMENT?	YES NO						
TYPE OF NON-OWNED VEHICLE / TRAILER						AVERAG VEHICLES ANY C	GE NO. OF /TRAILERS AT ONE TIME		AVERAGE VALUE	AVERAGE VALUE MAXI VEHICI A			VALUE OF THE MOST EXPENSIVE UNIT					
							\$				\$							
								\$				\$						
								\$				\$						
ARE ANY OF THE INSURED VEHICLES USED FOR PUBLIC TRANSPORTATION? (DRIVING SCHOOL, PRIVATE OR PUBLIC BUSES, TAXIS, LIMOUSINES, FUNERAL, OR EMERGENCY VEHICLES) YES NO																		
6.	REMARKS																	
FOF	THIS SUPPLEMENTAL APPLICATION IS INTENDED TO PROVIDE INFORMATION IN ADDITION TO THAT PROVIDED WITHIN THE CORRESPONDING OWNER'S APPLICATION FORM. CONSENT AND DISCLOSURE PROVIDED WITHIN THE CORRESPONDING OWNER'S APPLICATION FORM EXTEND TO THIS SUPPLEMENTAL APPLICATION, AND THE APPLICANT ACKNOWLEDGES THAT THE APPLICATION FOR A CONTRACT OF INSURANCE IS BASED ON THE TRUTH OF THE INFORMATION PROVIDED HEREIN.																	
	SNATURE OF APPLICANT (Authorized for this purp			DAT					PPLICANT (Author				DA					