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| **Fleet Supplemental Application**  |
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| **NOTES:** | **Complete if more than 5 vehicles** |
|  | **This supplemental application replaces Question 5 only of the Community Services Application and must be completed in addition to the Community Services Application** |
|  |  |
| Legal Name of Applicant |       | Policy Number |       |
| Contact Person |       |
| Brokerage Name |       |
|  |
| **List of Drivers** |
|  |
| **Name of Driver** | **Driver's License Number****(Identify out-of-province drivers)** | **Convictions in Last 3 Years** |
| **Date** | **Offense** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
|  |
| **Community Services Only – Provide recent MVA for each operator** |
|  |
| Provide details and frequency of your driver selection and review process |
|       |
|       |
|       |
|       |
|  |
| **List of Vehicles** |
|  |
| **Year** | **Make** | **Model** | **VIN (or RIN)** | **List Price New** | **Seating Capacity** | **Type of Vehicle (If spare school bus indicate "spare")** | **Use** | **Endorsements** |
|       |       |       |       |       |       |       |       |       |
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|  |  |  |  |  |  |  |  |  |
| Are any vehicles used for chartering (other than school trips)? | YES |       | NO |       |
| If "YES", describe and indicate radius of operation and total estimated annual mileage |
|       |
|       |
| Indicate any filings or Additional Interests for whom Certificates are required |
|       |
|       |
| Indicate principle routes |
|       |
| Indicate coverages required with limits and deductibles |
|       |
| Indicate (or provide a list) of the types of claims incurred over the past five years. Incurred claims would include all payments plus a reserve for outstanding claims |
|       |
|       |
|       |
|       |
|       |
|  |
| RIN/CVOR Number  |       |  |

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| Do any vehicles have a public vehicle license? (These vehicles would require $2M Road Hazard/$8M Passenger Hazard Limits) | YES |       | NO |       |

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| If "YES", provide details |
|       |

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| --- | --- | --- | --- | --- |
| Are there any vehicles used that are not registered to the Applicant? (e.g. personal vehicles being used for business) | YES |       | NO |       |
| If "YES", provide details regarding registered owner and why this client is insuring it |
|       |
| Is regular vehicle maintenance carried out by a licensed mechanic?  | YES |       | NO |       |
| If "YES", how often? |  |  |
|       |
|  |
| **Attach a copy of Vehicle Maintenance Procedures as well as Fleet Safety Program** |
| Are there regular spot checks on the vehicles during the maintenance? (e.g. check on tires for leaks, leaks under vehicles, signal lights |  |  |  |  |
| working, headlights, etc.) | YES |       | NO |       |
| If "YES", are records kept? | YES |       | NO |       |
| Do all vehicles comply with the gross weight regulations? | YES |       | NO |       |
| Are all drivers properly licensed to drive those particular vehicles (dumps, buses)? | YES |       | NO |       |
| Is a motor vehicle abstract obtained on drivers before hiring? | YES |       | NO |       |
| Is there an annual review of driving records? | YES |       | NO |       |
| Does the Applicant hold or provide drivers with regular safety seminars to attend? (e.g. planning ahead for winter maintenance, accident |  |  |  |  |
| preventability) | YES |       | NO |       |
| If "YES", provide details |  |  |  |  |
|       |
| Does the Applicant get regular updates from the Ministry? | YES |       | NO |       |
| If "YES", provide details |
|       |
| Are rules/resource guides available to all new drivers? | YES |       | NO |       |
| If "YES", provide a copy for review |
|  |
| A completed signed automobile application with Commercial Supplement will be required to bind coverage |
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| **Applicant Acknowledgement**  |
|  |
| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not |
| bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be  |
| attached to and become part of the policy. |
|  |
| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the  |
| information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, |
| underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and  |
| audit business results and/or comply with regulatory or legal requirements. |
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| --- | --- | --- | --- |
| **Applicant Name** |  | **Title/Position** |       |
| **Applicant Signature** |  | **Date** |  |
| **Broker Name** |  |  |  |
| **Broker Signature** |  |  |  |

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