

TRUXPLAN QUOTATION FORM

A **Quotation** will be provided when you return the **TRUXPLAN** form below:

Name:		Phone:	
Street:		Fax:	
City:		Email:	
Province:	Postal Code:	Contact Name:	
Number of Years in Business:			
Operations: What commodities are you hauling?			
Radius of operation	<input type="checkbox"/> Up to 80 km	<input type="checkbox"/> 81 to 160 km	<input type="checkbox"/> 161 to 250 km
	<input type="checkbox"/> 351 to 500 km	<input type="checkbox"/> over 500 km	<input type="checkbox"/> 251 to 350 km
Effective Date of Coverage:			
List of Vehicles:			
	Item #	Year	Make
			V.I.N (serial #)
			Actual Cash Value
1)			
2)			
3)			
4)			
5)			

Loss Payees / Leasing Companies (to be listed with address)

DRIVER'S SCHEDULE:

Name:	
Date of Birth:	
License #:	
When Class 1 License first issued?	
Conviction of violating traffic laws:	
License ever suspended or revoked?	
Accidents & Descriptions:	

LOSS HISTORY FOR THE LAST 5 YEARS:

Description of loss:	
Driver's Name:	Paid:
What have you done to prevent similar accidents?	

AUTOMOBILE PHYSICAL DAMAGE INSURANCE APPLICATION

Policy # or Quote:		Date:	
Broker:		Submitted by:	

GENERAL INFORMATION

Name of Applicant:	
Mailing Address of Applicant:	
Location of Risk:	
Name and Date of Birth of Principals:	

BUSINESS INFORMATION

Applicant is:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Other specify:
Applicant is:	<input type="checkbox"/> Hauling Logs	<input type="checkbox"/> Hauling Sand & Gravel		
	<input type="checkbox"/> Other specify			

If hauling logs, what percentage is driving on Logging Roads and Highways?

Highway:	(Logging Forest) Roads
Number of months in operations for each activity:	
Does applicant operate 12 months a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, how many months of operation annually	_____ months
Number of years in business under the same name:	_____ years
Number of years experience in this business:	_____ years
Name of previous insurer:	
Policy Number:	_____
Expiration Date:	_____
Is present carrier offering renewal conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why:	
Proposed effective date of coverage if different from expiry date and why	

OPERATION SECTION

Radius of operation	<input type="checkbox"/> Up to 80 km	<input type="checkbox"/> 81 to 160 km	<input type="checkbox"/> 161 to 250 km	<input type="checkbox"/> 251 to 350 km
	<input type="checkbox"/> 351 to 500 km	<input type="checkbox"/> over 500 km		
Will you, at any time exceed 500 km one way?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, state maximum distance and where				
Ice and Muskeg exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you haul cargo in U.S.A	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, state % of your total operation & which states				

FINANCIAL INFORMATION

Is applicant now or ever been involved in:	Bankruptcies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Foreclosures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any litigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, explain			

PHYSICAL PLANT INSPECTION

Civic address of principal terminal, if other than above:	
Construction detail of terminal	
Are vehicles stored inside or outside the terminal WHEN NOT IN USE?	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
If Inside, give maximum values at any one time:	\$ _____

COVERAGE REQUIRED

<input type="checkbox"/> All Risks Form	<input type="checkbox"/> Schedule Basis
<input type="checkbox"/> Actual Cash Value Basis	<input type="checkbox"/> Ice and Muskeg Coverage

DEDUCTIBLE

<input type="checkbox"/> \$1,000 of the amount of Insurance of each item not exceeding \$10,000	
<input type="checkbox"/> 5%, minimum \$2,500 of the amount of Insurance of each item between \$10,001 and \$50,000	
<input type="checkbox"/> 5%, minimum \$5,000 of the amount of Insurance of each item between \$50,000 and more	
<input type="checkbox"/> 5% minimum, \$5,000, for Operations over Ice and Muskeg or:	\$ _____
<input type="checkbox"/> Others, specify:	

SAFETY AND MAINTENANCE PROGRAM

Do you have in place a safety program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, provide a copy or describe		
Do you have in place a maintenance program for your vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, describe		

LIST OF VEHICLES

Item #	Year	Make	Type of Body	V.I.N (Serial #)	Actual Cash Value
					\$
					\$
					\$
					\$
					\$
					\$
TOTAL INSURABLE VALUE:					\$

Are any vehicles of the listed equipped with "A Guardian Interlock Alcohol Senses Device"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any equipment permanently mounted on any vehicle not related to a driving exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If Yes, give details: Which item is equipment mounted on:

Describe the mounted equipment:			
Year:	Make:	Serial #:	Value of Equipment:
			\$

Is this value included in the unit value? Yes No

Will our policy cover the mounted equipment Yes No

Do you own or use other equipment than listed above? Yes No

If Yes, give details

Do you lease, loan, or rent any of YOUR equipment to others? Yes No

If Yes, give details

Are any of the listed vehicles, equipped with Road Speed Governors? Yes No

If Yes, which one(s)

Are all vehicles equipped with portable fire extinguishers? Yes No

If Yes, state kind and size:

Are all fire extinguishing systems maintained, serviced, tested and replenished in accordance with the manufacturer's

instruction and recommendation? Yes No

Do you require any Legal liability for damage to non-owned trailers Yes No

If Yes, advise below:

Number in your care at any one time	#	Trailers	\$	Value if Trailer(s)
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DRIVER'S INFORMATION

Provide copies of recent abstracts for all drivers. (complete separate sheet if more than 3 drivers including the applicant)

Will you at any time during the term of the policy, hire a new driver under 25 years old? Yes No

If Yes, Explain:

Do you check driver's abstracts before hiring new drivers? Yes No

All newly hired driver(s) will have to be reported to the insurer **prior to his hiring** and provide a recent abstract for each new

driver. The insurer reserves the right to accept or decline to cover the new driver(s).

Give particulars of all convictions arising from the operation of any automobile **during the past 3 years** for each driver.

Coverage will only apply once the insurer has accepted the new driver(s)

	Owner Operator (Applicant)	Driver #2	Driver #3
Name			
Date of Birth			
Driver's License Number			
License Class			
# of Years of Related Driving Experience			
When Class 1 License first Issued			
Conviction of Violating Traffic Laws			
License ever suspended or revoked			
Accidents & Descriptions			
Which unit will it be assigned to driver			
How long employed by Applicant			

LOSS HISTORY FOR THE LAST 5 YEARS

Give particulars of all accidents or claims arising from the ownership or operation of any vehicle for physical damage for the past 5 years. (Indicate deductible applicable at time of loss, name of driver and item # or replacing item involved.)

Item #	Description of Loss	Driver's Name	Paid & or Reserve
			\$
			\$
			\$
			\$
What has applicant done to prevent similar accident(s)?			

LOSS PAYEES / LEASING COMPANIES

Name, Address and Postal Code	Item #	Loss Payee or Leasing Company	
		<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Leasing Company
		<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Leasing Company
		<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Leasing Company