



KENTUCKY

### Canal Commercial Combination Insurance Application

Entire Application Must Be Completed and Signed

CANAL INSURANCE COMPANY

CANAL INDEMNITY COMPANY

Canal General Agent Use Only
Date and Time Coverage is Bound by Canal
Requested Effective Date _____

#### 1. GENERAL INFORMATION

Applicant Legal Name		Form of Business <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other		
Company Name (DBA) (if any)		Principal or Majority Owner (please include all principals)		
DOT Number	Telephone Number	Mobile Phone Number		
*Tax Identification Number or Social Security Number	E-Mail Address	Fax Number		
Location of Business Premises or Physical Address				
City	State	Zip Code	County	
Location Is <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits				
Mailing Address (if different than above)				
City	State	Zip Code	County	

\*If provided, certificates of insurance can be accessed from [www.canal-ins.com](http://www.canal-ins.com) 24 hours a day.

#### 2. GENERAL QUESTIONS

##### Policy Type

Scheduled Vehicle  Gross Receipts (only available for 25 or more power units)  Gross Mileage (only available for 25 or more power units)

##### How long has this operation been in business?

Less than one year  One to two years  Two or more years

##### Have you ever had insurance with Canal?

Yes  No

If yes, please provide policy number or year(s) and name on policy.

##### Business Class

For Hire Trucking (hauls goods for others)  Private Carrier (hauls owned goods)  Public Auto/Taxi  Non Trucking  Small Commercial

If applying for **Non-Trucking Coverage** list name and the motor carrier number of the lessee to whom you are permanently leased.

Name of Motor Carrier	Motor Carrier Number
-----------------------	----------------------

If applying for **Small Commercial**, describe type of business and use of vehicle(s).

Type of Business	Use of Vehicle(s)
------------------	-------------------

##### Do you own any other businesses?

Yes  No

If yes, please provide the name, address and details.

##### Have there been any changes in the ownership, management or name of the operation in the past five years?

Yes  No

If yes, please provide details.

##### Indicate Policy Term and Payment Method

Short Term Policy\* Desired Expiration Date: \_\_\_\_\_ \*(No company payment plan available for short term policies.)

Continuous Until Cancelled Policy (2 month escrow deposit and monthly billing)

Annual Policy:  Full Payment to Company  Company Payment Plan  Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)

#### 3. MOTOR CARRIER FILINGS

Do you need an MCS-90?  Yes  No

##### Authority Type

Common  Contract  Brokerage

If brokerage, please provide the percentage of total revenue generated by brokerage operations and MC number

\_\_\_\_\_  
Applicant's Initials

**MOTOR CARRIER FILINGS continued**



**CANAL** Canal Commercial Combination Insurance Application

Filings Required	Motor Carrier #	Applicant's Name and Address Exactly As It Appears On Each Permit
<input type="checkbox"/> Liability BMC 91X <input type="checkbox"/> Cargo BMC 34	MC	
<input type="checkbox"/> Liability – Form E _____ State		
<input type="checkbox"/> Oversized/Overweight		
<input type="checkbox"/> Hazardous		
<input type="checkbox"/> Cargo – Form H _____ State		
<input type="checkbox"/> SR 22- If yes explain		

If an MCS-90 is issued, Canal will issue with the required limits as posted on the FMCSA website. Please note: 36 days notice of cancellation is mandatory on all policies that have an MCS-90 or filings. Canal requires all units to be scheduled when an MCS-90 or filings are issued.

**4. OPERATIONS**

**Please Identify Metropolitan Areas Traveled Through or Into**

- |                                       |   |                                       |   |   |  |
|---------------------------------------|---|---------------------------------------|---|---|--|
| <input type="checkbox"/> Atlanta      | <input type="checkbox"/> Cleveland        | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee      | <input type="checkbox"/> Philadelphia   | <input type="checkbox"/> San Diego     |
| <input type="checkbox"/> Baltimore/DC | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Kansas City  | <input type="checkbox"/> Mpls/ St. Paul | <input type="checkbox"/> Phoenix        | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Boston       | <input type="checkbox"/> Denver           | <input type="checkbox"/> Little Rock  | <input type="checkbox"/> Nashville      | <input type="checkbox"/> Pittsburgh     | <input type="checkbox"/> Seattle       |
| <input type="checkbox"/> Buffalo      | <input type="checkbox"/> Detroit          | <input type="checkbox"/> Los Angeles  | <input type="checkbox"/> New Orleans    | <input type="checkbox"/> Portland       | <input type="checkbox"/> Tulsa         |
| <input type="checkbox"/> Charlotte    | <input type="checkbox"/> Hartford         | <input type="checkbox"/> Louisville   | <input type="checkbox"/> New York City  | <input type="checkbox"/> Richmond       | <input type="checkbox"/> _____         |
| <input type="checkbox"/> Chicago      | <input type="checkbox"/> Houston          | <input type="checkbox"/> Memphis      | <input type="checkbox"/> Oklahoma City  | <input type="checkbox"/> St. Louis      | <input type="checkbox"/> _____         |
| <input type="checkbox"/> Cincinnati   | <input type="checkbox"/> Indianapolis     | <input type="checkbox"/> Miami        | <input type="checkbox"/> Omaha          | <input type="checkbox"/> Salt Lake City | <input type="checkbox"/> _____         |

- |  |   |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Do you act as a freight forwarder, freight broker or arrange loads for others?</b>     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Do you lease to others?</b>  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Do you allow guest passengers?</b>   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Do you haul double trailers?</b>   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Do you haul triple trailers?</b>   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Are any vehicles used to transport employees?</b>                                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Do you hire owner operators on a trip lease basis?</b>                                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Do you lend, lease or rent trucks, tractors or trailers to others without drivers?</b> |

Please explain all "Yes" answers

**5. HISTORY**

Have there been any losses in the current year or the past three years?  Yes  No If yes, please complete below.

Please complete for all lines of business for the current year, as well as for the three years prior, or submit loss runs.

Policy Term				Company Name	Liability		Physical Damage	
From		To			# Claims	*Amount Incurred	# Claims	*Amount Incurred
Month	Year	Month	Year					

Attach separate loss runs if space provided is not sufficient. \*Amount incurred should include paid as well as reserved total.

Policy Term				Company Name	Cargo		General Liability	
From		To			# Claims	*Amount Incurred	# Claims	*Amount Incurred
Month	Year	Month	Year					

Attach separate loss runs if space provided is not sufficient. \*Amount incurred should include paid as well as reserved total.

Please describe all claims over \$10,000

\_\_\_\_\_  
Applicant's Initials

**6. DRIVERS**



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I declare the following list includes all drivers of vehicles requested to be covered under the policy including employees, leased employees, owner operators, mechanics, family members, and any other person allowed to drive an insured vehicle.

Driver Name	Date of Birth	Driver License State	Driver License Number	No. of Moving Violations in Past 3 Years	No. of Accidents in Past 3 Years	Year Hired	Years of Experience

Have any drivers been convicted of any of the following?  Yes  No

Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, speed twenty miles or more over the speed limit or driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.

If yes, please provide driver name and details.

Yes  No Do you agree to report all drivers to your agent prior to them driving an insured unit?  
 Yes  No Do you comply with all DOT regulations concerning driver employment, files and regulations?

**7. VEHICLES**

Description of Vehicles (trailers must be scheduled for liability coverage to apply while detached from a power unit)

Unit No.	Model Year	Make and Unit Type	Serial Number	Number of Axles	GVW	*Owner Type	**Is Garaging address same as physical?
1							<input type="checkbox"/> Yes <input type="checkbox"/> No
2							<input type="checkbox"/> Yes <input type="checkbox"/> No
3							<input type="checkbox"/> Yes <input type="checkbox"/> No
4							<input type="checkbox"/> Yes <input type="checkbox"/> No
5							<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Please enter the owner type by entering the corresponding number. 1. Owned by Named Insured, 2. Owned by Leasing Company (long term lease without a driver), 3. Owned by Owner Operator (leased with driver), 4. Owned by Employee of Named Insured (officer)

\*\*If a unit is not garaged at the physical address, it is necessary to complete the sections below for additional garaging addresses.

Name and address of vehicle owners other than the named insured (owner types 2, 3 & 4 listed above)

Unit No.	Name of Owner	Mailing Address

Please note that coverage for owners might not be afforded if this section is not completed.

\*\*If a unit is not garaged at the physical address of the applicant, please complete the garaging addresses for each unit

Unit No.	Street Address		
City	State	Zip Code	County
Unit No.	Street Address		
City	State	Zip Code	County

\_\_\_\_\_  
Applicant's Initials

**VEHICLES (continued)**

Are all owned and operated power units listed on this application?

**CANAL** Canal Commercial Combination Insurance Application Yes  No

If no, please provide details.

**Do you have any mobile equipment subject to financial responsibility laws?** Yes  No

If yes, please provide details of equipment.

**8. PRIMARY OPERATION**

Please indicate the percentage of operations for each of the following:

Dump     Flatbed     Log Hauling     Refrigeration     Tank     Dry Van  
 Auto Hauler     Mobile Home Toter     Driveaway     Double Trailer Hauler     Other \_\_\_\_\_

**Are any of the following commodities hauled?**

Yes  No Hazardous Materials Requiring 1,000,000 Liability Limits or Less  
 Yes  No Hazardous Materials Requiring 5,000,000 Liability Limits  
 Yes  No Refuse/Waste/Garbage  
 Yes  No Explosives

If yes, please provide details.

**Commodities Transported (Please be specific - general freight and miscellaneous is not acceptable)**

%	Type	%	Type

**9. COVERAGE SELECTION**

It is only necessary to complete sections for desired coverage. If a coverage section is left blank it will be understood that no coverage is desired.

**9. AUTO LIABILITY****Commercial Vehicles****Taxicabs Only**

Combined Single Limit - each accident    Bodily Injury - each person    Bodily Injury - each accident    Property Damage - each accident  
 \$ \_\_\_\_\_ / \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Please indicate the desired radius restriction if less than an unlimited radius is desired.

 150  300  200 (FL and CT only)

For an unlimited radius please indicate the percentage of trips by radius from the physical address.

Percentage of Trips by Radius		
0-150	151-300	Over 300

**Additional/Designated Insureds**

Name	Mailing Address	*Type of Additional Insured

\*Please enter each desired additional/designated insured by entering the corresponding number: 1. Designated Additional Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery, 4. Additional Insured Hired/Non-Owned

**9. AUTO PHYSICAL DAMAGE**

Please complete for all units that desire physical damage coverage.

Unit No.	Physical Damage Limit	Name of Loss Payee	Loss Payee Complete Address

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**AUTO PHYSICAL DAMAGE (continued)**

Deductible Desired- Please select one

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 \$500                       \$1,000                       \$2,500                       \$5,000 (submit for approval)
**Coverage Desired**

- 
- Collision and Specified Causes of Loss
- 
- 
- Collision and Comprehensive (not available in all states)

**Additional Coverages Desired**

- 
- Additional Towing Limit \$ \_\_\_\_\_ (in the event of a total loss to the described unit) \$2,500 included
- 
- 
- Trailer Interchange Limit \$ \_\_\_\_\_ Minus \$1,000 Deductible (UIIA container haulers)
- 
- 
- Non-Owned Trailer Limit \$ \_\_\_\_\_ Minus \$1,000 Deductible (coverage applies only while attached to a scheduled power unit)

**Please list the name and address of owners of Non-Owned trailers**

Name of Owner	Address of Owner

**9. MOTOR TRUCK CARGO**

Coverage for cargo in trailers applies ONLY while trailer is attached to a scheduled power unit.

**Limit Desired**

Per Vehicle \$ \_\_\_\_\_

Units that require specific limits other than above, please indicate below.

Unit No.	Desired Limit	Unit No.	Desired Limit
	\$ _____		\$ _____

**Deductible Desired- Please select one**

- 
- \$500 (available only on limits up to \$25,000)
- 
- \$1,000
- 
- \$2,500
- 
- \$5,000 (submit for approval)

**Additional Coverages Desired**

- 
- Refrigeration Breakdown - \$2,500 minimum deductible required
- 
- 
- Poultry Cages
- 
- 
- Water Damage - \$2,500 minimum deductible required
- 
- 
- Earned Freight Increase to \$ \_\_\_\_\_ \$1,000 included
- 
- 
- Debris Removal Increase to \$ \_\_\_\_\_ \$10,000 included

**9. TRUCKERS GENERAL LIABILITY**

This application is for General Liability Coverage on businesses solely involved in "for-hire" transportation of property.

**Desired Limits**
 General Aggregate - please select one                       \$1,000,000                       \$2,000,000  
 Each Occurrence                      \$1,000,000 (included)
**Employers Liability (Stop Gap) Coverage**

Applicable only in ND, OH, WA and WY. Please select either yes or no.

- |                              |                             |               |   |
|------------------------------|-----------------------------|---------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Limits</b> |   |
|                              |                             | \$1,000,000   | Bodily Injury by Accident - each accident |
|                              |                             | \$1,000,000   | Bodily Injury by Disease - each employee  |
|                              |                             | \$1,000,000   | Bodily Injury by Disease - each policy    |

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you haul bulk fuel? If yes, a \$1,000 deductible applies. If desired, please indicate an optional higher deductible \$ _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you repair or service vehicles of others?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have dogs at premises? (see exclusion endorsement)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you carry a firearm? (see exclusion endorsement)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you generate income from other activities besides the operation of the trucks?   |

Please explain all "Yes" answers

Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)

\_\_\_\_\_  
Applicant's Initials**TRUCKERS GENERAL LIABILITY (continued)**

Please list all premises owned or rented



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Street Address			
City	State	Zip Code	County
Street Address			
City	State	Zip Code	County
Street Address			
City	State	Zip Code	County

**Additional/Designated Insureds**

Name	Mailing Address	*Type of Additional Insured

\*Please enter each desired additional/designated insured by entering the corresponding number: 1. Controlling Interest, 2. Designated Person or Organization, 3. Managers or Lessors of Premises, 4. Mortgagee, 5. Owners, Lessees or Contractors, 6. Co-Owner of Insured Premises, 7. Vicarious Liability for Owners, Lessees or Contractors

**10. CERTIFICATES OF INSURANCE**

Name	Mailing Address

**11. MVR AND CREDIT REPORT ACKNOWLEDGEMENT**

I authorize Canal Insurance Company to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

**Disclosure:** In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

**Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.**

I authorize Canal Insurance Company to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Canal Insurance Company.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



### 12. ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the company as accurate and shall become a part of the policy.

I recognize that all or parts of my operations are under the Department of Transportation oversight requiring me to adhere to their rules and regulations. I acknowledge that DOT rules and regulations are understood by me, and I will adhere to the rules and regulations including, but not limited to, driver hiring, vehicle inspection, maintenance and hours of service.

#### KENTUCKY FRAUD WARNING

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.

Signature of **APPLICANT**                      X  

Type or Print Applicant Name            \_\_\_\_\_

Title or Relationship to Applicant        \_\_\_\_\_

Date Application Completed                \_\_\_\_\_

Signature of **AGENT** of the Applicant      X  

Agency Name                                \_\_\_\_\_

Address of Agency                         \_\_\_\_\_

#### Premium Calculations (agent use only)

Coverage	Premium			
Auto Liability				
Auto Physical Damage				
Motor Truck Cargo				
Truckers General Liability		<b>Deposit or Down Payment</b>	<b>Number of Installments</b>	<b>Amount Enclosed</b>
<b>Total</b>				

# CANAL

## KENTUCKY SUPPLEMENTAL APPLICATION

**MUST be completed** in conjunction with Form A-101 KY  
only if Auto Liability Coverage is requested

INSURANCE COMPANY

INDEMNITY COMPANY

1. Applicant Name

2. DBA, if any

### KENTUCKY FRAUD WARNING

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.

### UNINSURED MOTORIST PROTECTION AND REPARATION BENEFITS

The laws of **Kentucky** require that all motor vehicle liability insurance policies contain uninsured motorist protection in limits of at least 25/50 for bodily injury including death unless rejected by you. Limit and premium amounts are listed below. Please initial the limit you wish to choose on the corresponding line to the left.

#### UNINSURED MOTORIST PROTECTION

I am **rejecting all offers** of Uninsured Motorists Coverage.

\_\_\_\_\_  
(Initial)

\_\_\_\_\_  
Signature of Applicant/Named Insured

\_\_\_\_\_  
Date

I am **selecting** Uninsured Motorists Coverage.

\_\_\_\_\_  
(Initial)

Please make your selection of coverage below by initialing the limit you desire.

\_\_\_\_\_  
Date

Initial	Limits	Premium
_____	25/50	25
_____	60/60	58
_____	100/100	117
_____	250/250	146
_____	300/300	162
_____	350/350	181
_____	500/500	227
_____	750/750	348
_____	1000/1000	458

\_\_\_\_\_  
Applicant's Initials



The laws of **Kentucky** do not require that all motor vehicle liability insurance policies contain underinsured motorist protection. However, we are required to offer them if you request coverage. Limit and premium amounts are listed below should you choose to request this coverage.

**UNDERINSURED MOTORIST PROTECTION**

\_\_\_\_\_ I am **rejecting all offers** of Underinsured Motorists Coverage.

(Initial)

\_\_\_\_\_  
Signature of Applicant/Named Insured

\_\_\_\_\_  
Date

I am **selecting** Underinsured Motorists Coverage.

(Initial) Please make your selection of coverage below by initialing the limit you desire.

\_\_\_\_\_  
Date

Initial	Limits	Premium
_____	25/50	45
_____	60/60	48
_____	100/100	75
_____	250/250	90
_____	300/300	98
_____	350/350	110
_____	500/500	145
_____	750/750	249
_____	1000/1000	277

**PERSONAL INJURY PROTECTION**

The laws further provide that your policy contain Basic Reparation Benefits of \$10,000 and limitations on your right to sue or you may reject Basic Reparation Benefits and limitation on your right to sue by completing a separate form that your agent has. You may also choose deductibles and higher limits for this coverage by asking your agent. Limit and premium information is shown below. Please initial the limit you wish to choose on the corresponding line to the left.

Initial	Limit	Deductible	Premium
_____	10,000	None	35
_____	10,000	250	30
_____	10,000	500	25
_____	10,000	1,000	15
_____	20,000	None	110
_____	20,000	1,000	83
_____	30,000	None	160
_____	30,000	1,000	120
_____	40,000	None	200
_____	40,000	1,000	150
_____	50,000	None	250
_____	50,000	1,000	188

For limits not shown, interpolate.

\_\_\_\_\_  
Applicant's Initials

**APPLICANT'S ACKNOWLEDGMENT**

The undersigner hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured Motorist Coverage, Underinsured Motorist Coverage and Personal Injury Protection Coverage. Selections have been made by initialing the appropriate lines above. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured Motorist Coverage, Underinsured Motorist Coverage and Personal Injury Protection Coverage to select or reject coverage and limits on the behalf of the named insured.

Date Application Completed \_\_\_\_\_

Signature of Agent of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ **X**

Address of Agent \_\_\_\_\_

\_\_\_\_\_