

## **COMMERCIAL VEHICLE SUPPLEMENT**

POLICY NUMBER

INSURAN COMPAN																					
INSURED							BROKER /AGENT								BROKER/AGENT CLIENT ID#						
ADDRES	s																				
1. BU	SINESS OF INSURED																				
															I	N.S.C	. #				
														R.I.N. #							
C.V.O.R. #																					
															EXPERIE OF OPEI						
IBC INDUSTRY CODE: YEAR BUSINESS STARTED																					
2. LIS	T GARAGING LOCATIONS																				
LOC #	GARAGING LOCATION ADDRESS																				
3. AU	TOMOBILE USE	AUTO NO.	YEAF	२	MAKE	=	AUTO NO.	YEA	R	MAł	ΚE	AUTC NO.	YEAR	M	AKE		AUTO NO.	YEAR	M	IAKE	
PRIMARY	BUSINESS USE																───┴				
	IG LOCATION (SEE SECTION 2)	LOC #					LOC #	ŧ				LOC	#				LOC #				
FOR ALL OPERATORS OF THIS TYPE OF VEHICLE, MINIMUM YEARS OF DRIVING EXPERIENCE FOR VEHICLE OR SIMILAR		YRS. OF EXP.					YRS. OF EXP.						YRS. OF EXP.					YRS. OF EXP.			
TYPE OF	VEHICLE	YES	NO				YES	NO				YES	NO				YES	NO			
	LE ALSO USED FOR PLEASURE? OVIDE PERCENTAGE PLEASURE USE					%					%					%					%
	ATIONAL VEHICLE USED FOR BUSINESS, ' FREQUENCY																				
	AN USE, AVERAGE NUMBER OF CUSTOMER NS VISITED IN A WORK DAY																				
IS VEHIC	LE USED TO HAUL TRAILERS?	YES		NO			YES			NO	]	YES		NO			YES		NO		
DOES VE	HICLE FORM PART OF A TRAILER TRAIN?	YES		NO			YES			NO	]	YES		NO			YES		NO		-
COMM	ODITIES TRANSPORTED (if vehicle carries exp	olosives	, nucle	ear/radi	oactive	material o	or dange	rous (	goods	identify	which goo	ods are	carried a	and comp	ete, sign a	and at	ttach ap	propriat	e questio	onnaire	÷)
	NDISE CARRIED AND PERCENTAGE					%					%					%					%
	ARKS SECTION IF MORE SPACE REQUIRED					%					%					%					%
	ERY SERVICE - WHOLESALE OR RETAIL	w 🗆		R		70	w 🗆		R		70	w r		R 🗌		70	w		R		/0
	NG FOR OTHERS			ĸĽ				<u> </u>	ĸ			VV L		КЦ					к [		
	DONE FOR OTHERS? IF SO, PROVIDE FREQUENCY		EVER		DAILY	WEEKL		VER		DAILY [	WEEKL	Y 🗌 I	NEVER	DAIL	Y 🗌 WE	EKLY		VER		Y 🗌	WEEKLY
	S OF OPERATION	M(	ONTHL	Y 🗌 _			мс	ONTHI					MONTHL	Y			мс	ONTHLY			
	OPERATING DISTANCE - ONE WAY					KMS	1				KMS				KM	15					KMS
	TAL TRIPS					%	-				%				%						%
MAXIMUN	I OPERATING DISTANCE - ONE WAY					KMS	-				KMS				KM		<u> </u>				KMS
% OF TO	TAL TRIPS					%					%				%	)					%
	RIPS PER MONTH BEYOND THE NORMAL DISTANCE ACE USUALLY KEPT																	-		-	
	MMON DESTINATIONS - LIST CITIES AND IES. USE REMARKS SECTION IF MORE SPACE IS ID																				
U.S.A.	EXPOSURE						1														
ANY U.S.	A. EXPOSURE?	YES		NO			YES			NO	]	YES		NO			YES		NO		
MOST CC	MMON DESTINATIONS - LIST CITIES AND STATES																				
NUMBER	OF KILOMETERS FROM THE BORDER																				
NUMBER	OF TRIPS PER MONTH						1										$\vdash$				
NUMBER	OF CONSECUTIVE DAYS																<u> </u>				
ANNUAL	USE %					%					%					%					%

	COMMERCIAL VEHICLE SUPPLEMENT												
MACHINERY AND EQUIPMENT				MAKE	AUTO NO. YEA			AUTO NO. YEAR	MAKE	AUTO YEAR MAKE			
		AUTO NO.			NO			NO.		NO. TEAR			
DESCRIBE MACHINERY OR EQUIPMENT MOUNTED ON													
OR ATTACHED TO VEHICLES													
EXCLUDE			S NO		YES	NO 🗌		YES N	o 🗌	YES NO			
ow	NED OR LEASED	OW	NED LEA	SED	OWNED	LEASED		OWNED LEA	ASED	OWNED LEASED			
VAL	UE	\$			\$			\$		\$			
SPECIAL/SEASONAL USE													
SPECIAL OR SEASONAL USE		SPECIAL SEASONAL NONE			SPECIAL	SEASONAL N				SPECIAL SEASONAL NONE			
USE (EG. SNOW REMOVAL, ROAD SALTING)													
PE	RCENTAGE OF ANNUAL USE	%					%		%	%			
4.	FILINGS REQUIRED												
AUTO			U.S. DOT	·# D	OCKET #	TYPE OF FILIN	G	SPECIE	Y EXACT NAME F		UIRED ON THE FILING		
NO.		0.3. DOT #						0.201					
5.	NON-OWNED VEHICLES/TRAILERS												
	ES THE APPLICANT NEED 27/27B LIABILITY FOR DAM NON-OWNED VEHICLES? YES NO	AGE			HAS L	IABILITY BEEN A	SUME	D UNDER CONTRACT O	R AGREEMENT?	YES NO			
	TYPE OF NON-OWNED VEHICLE / TR	AILER			AVERAGE NO. OF VEHICLES/TRAILERS AT ANY ONE TIME			AVERAGE VALUE	MAXIMUN VEHICLES/ ANNU	I NO. OF TRAILERS ALLY	VALUE OF THE MOST EXPENSIVE UNIT		
					\$						\$		
						\$				\$			
							\$			\$			
ARE ANY OF THE INSURED VEHICLES USED FOR PUBLIC TRANSPORTATION? (DRIVING S						E OR PUBLIC BUS	SES. TA	XIS. LIMOUSINES. FUN	ERAL. OR EMERG	ENCY VEHICLI			
	IF YOU HAVE PUBLIC VEHICLES, PLEASE COMPLETE THE PUBLIC COMMERCIAL VEHICLE SUPPLEMENT.												
6.	REMARKS												
<u> </u>													
$\vdash$													
<u> </u>													
<u> </u>													
<u> </u>													
<u> </u>													
<u> </u>													
FO	IS SUPPLEMENTAL APPLICATION IS INTE RM. CONSENT AND DISCLOSURE PROVID PLICANT ACKNOWLEDGES THAT THE A	DED V	/ITHIN THE C	ORRESPO	NDING OWI	NER'S APPLIC	ATION	N FORM EXTEND TO	O THIS SUPPL	EMENTAL A	PPLICATION, AND THE		
	GNATURE OF APPLICANT (Authorized for this purp							PLICANT (Authorized for					