



# CANAL Canal Truck Insurance Application

## NORTH CAROLINA

Insurance  Indemnity Sections 1 through 6 must be completed for a quote indication. Sections 7 through 9 must be completed in order to bind.

### 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"/> Trust			
Company Name (DBA) (if any)		Principal or Majority Owner (please include all principals)			
Tax Identification Number or Social Security Number (If provided, certificates of insurance may be accessed from <a href="http://www.canal-ins.com">www.canal-ins.com</a> 24 hours a day)					
Location of Business Premises or Physical Address				Telephone Number	Mobile Phone Number
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		

Please enter the month and year the current operations began: Month: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Policy Type</b>	<input type="checkbox"/> Scheduled Vehicle	<input type="checkbox"/> Gross Receipts	<input type="checkbox"/> Gross Mileage
<b>Business Class</b>	<input type="checkbox"/> For Hire Trucking	<input type="checkbox"/> Private Carrier	<input type="checkbox"/> Non Trucking
<b>For-Hire and Private Operations</b>	<input type="checkbox"/> Auto or Boat	<input type="checkbox"/> Container	<input type="checkbox"/> Drive-Away
	<input type="checkbox"/> Dump-Coal	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock
	<input type="checkbox"/> Tanker-Fuel	<input type="checkbox"/> Tanker- Liquids or Compressed Gasses	<input type="checkbox"/> Towing and Recovery
<input type="checkbox"/> Dry Bulk or Farm Products	<input type="checkbox"/> Dry Van / Box	<input type="checkbox"/> Dry Van- Doubles	<input type="checkbox"/> Dump
<input type="checkbox"/> Log or Pulp	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Special Type Operations
<input type="checkbox"/> Waste / Garbage	<input type="checkbox"/> Wrecking and Demolition	<input type="checkbox"/> Waste / Garbage	

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

%	Commodity	%	Commodity

Please enter the percentage of loads received from a broker: \_\_\_\_\_

**Indicate Policy Term and Payment Method**

Short Term Policy: Desired Expiration Date \_\_\_\_\_ (no payment plan available for short term policies)

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)

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

### 2. Motor Carrier Filings

**MCS-90 Requested:**  Yes  No **Authority Type:**  Common  Contract  Brokerage

**MC#** \_\_\_\_\_ **DOT #** \_\_\_\_\_

### 3. 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.

Year	Liability		Physical Damage		Cargo		General Liability	
	# Claims	*Amount Incurred	# Claims	*Amount Incurred	# Claims	*Amount Incurred	# Claims	*Amount Incurred

Please enter the number of claims over \$100,000: \_\_\_\_\_ Please enter the dollar amount for claims over \$100,000: \_\_\_\_\_

Loss runs are required for all applicants with five or more power units. Attach separate loss runs if space provided is not sufficient. \*Amount incurred should include amounts paid, reserved totals as well as any expenses.

### 4. Drivers

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	Years of Experience	Convictions and MVR Record	Driver License Number	License State	Year Hired	Date of Birth

**5. Vehicles**

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

Unit No.	Model Year	Make and Unit Type	Vehicle Identification Number (VIN)	GVW	Radius	*Stated Value	Gap Coverage (Y/N)	**Is garaging address same as physical? (Y/N)
1								
2								
3								
4								
5								

\*Only applicable if Physical Damage coverage is applied for. \*\*If a unit is not garaged at the physical address, it is necessary to list the garaging addresses in the Additional Underwriting Information section of this application.

**6. Coverage**

Coverages Desired:  Auto Liability  Auto Physical Damage  Motor Truck Cargo  Truckers General Liability

**Auto Liability Coverage Selection**

Combined Single Limit - each accident  
\$

If applying for Hired Auto coverage, please enter the annual estimated cost of hire: \_\_\_\_\_

If Non-Owned coverage is desired please enter the number of employees: \_\_\_\_\_

Is this a social service agency or charitable organization?  Yes  No

**Auto Physical Damage Coverage Selection**

<b>Deductible Desired</b>		<b>Coverage Desired</b>	
<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Collision and Specified Causes of Loss	<input type="checkbox"/> Collision and Comprehensive (where available)

**Additional Auto Physical Damage 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)

**Motor Truck Cargo Coverage Selection**

Please select the desired form:  Standard  Preferred

Limit Desire Per Vehicle \$ \_\_\_\_\_ Deductible Desired  \$500  \$1,000  \$2,500  \$5,000

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

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

**Additional Cargo Coverages or Endorsements Desired**

Refrigeration Breakdown - \$2,500 minimum deductible required  Removal of Coinsurance Clause  Removal of Commodities Theft

Earned Freight Increase to \$ (\$1,000 included)  Debris Removal Increase to \$ (\$25,000 included)

**Truckers General Liability Coverage Selection** This is for 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.

Yes  No \$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

**7. Additional Underwriting Information**

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, conviction date and details:

Please complete all of the following:

- Yes  No Do you own any other businesses?
- Yes  No Have there been any changes in the ownership, management or name of the operation in the past five years?
- Yes  No Are all owned and operated power units listed on this application?
- Yes  No Do you have any mobile equipment subject to financial responsibility laws?
- Yes  No Do you act as a freight forwarder, freight broker or arrange loads for others?
- Yes  No Do you lease to others?
- Yes  No Do you haul double trailers?
- Yes  No Do you haul triple trailers?
- Yes  No Do you allow guest passengers?
- Yes  No Are any vehicles used to transport employees?
- Yes  No Do you hire owner operators on a trip lease basis?
- Yes  No Do you lend, lease or rent trucks, tractors or trailers to others without drivers?
- 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?

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:

Filings Requested	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		

Please note: The FMCSA and/or state agencies require a minimum 36 day notice of cancellation on all policies that have an MCS-90 or filings.

**Certificates of Insurance**

Name	Mailing Address

**Additional/Designated Insureds for Auto Liability or Truckers General Liability**

Name	Mailing Address	*Type of Additional Insured

\*Please enter each desired additional/designated insured by entering the corresponding number: **Auto Liability Additional Insureds:** 1. Designated Additional Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery, 4. Additional Insured Hired/Non-Owned **General Liability Additional Insureds** A. Controlling Interest, B. Designated Person or Organization, C. Managers or Lessors of Premises, D. Mortgagee, E. Owners, Lessees or Contractors, F. Co-Owner of Insured Premises, G. Vicarious Liability for Owners, Lessees or Contractors

**Please complete this section for vehicles with different ownership or different garaging addresses**

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

Unit No.	Name of Owner	*Ownership Type	Mailing Address

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

**For Liability Coverage, if a unit is not garaged at the physical address of the applicant, please list the garaging addresses for each unit**

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





- INSURANCE COMPANY
- INDEMNITY COMPANY

**MUST** be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

3. NC Local Fire and Lightning Tax District

District

County

District ID#

**SELECTION OF ADDITIONAL  
UNINSURED MOTORISTS COVERAGE  
COMBINED UNINSURED / UNDERINSURED MOTORISTS COVERAGE  
FOR “NON-COMMERCIAL” VEHICLES**

**BASED UPON NORTH CAROLINA MOTOR VEHICLE LAW, THE LIMITS OF UNINSURED OR COMBINED UNINSURED/UNDERINSURED COVERAGE MUST MATCH THE LIMITS OF LIABILITY ON YOUR POLICY. THIS IS APPLICABLE TO VEHICLES WITH A GROSS VEHICLE WEIGHT OF 26,000 AND UNDER. (For vehicle definitions, please see G.S. 20-4.01(3d)).**

**YOU MAY PURCHASE ADDITIONAL UNINSURED MOTORISTS BODILY INJURY COVERAGE AND, IF APPLICABLE, UNDERINSURED MOTORISTS COVERAGE WITH LIMITS UP TO ONE MILLION DOLLARS (\$1,000,000) PER PERSON AND ONE MILLION (\$1,000,000) PER ACCIDENT.**

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Combined Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured and/or underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

I understand that:

1. The UM or UM/UIM limits applicable to any one vehicle covered under this policy may not be combined with or added to the UM/UIM limits applicable to any other vehicle covered under the policy to determine the total amount of coverage provided.
2. You may purchase lesser limits, but not less than the minimum limit required by law (\$25,000),
3. UM property damage limits up to the highest policy property damage liability limits are available; however, the maximum property damage limit allowed can only equal the highest limit of property damage coverage. Coverage for property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any renewal, reinstatement, substitute, amended, altered, modified, transfer or replacement policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.
5. My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

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Applicant's Initials

**UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE**

**SPLIT LIMITS**

\_\_\_\_\_  
(Initial) I am **rejecting split limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.

\_\_\_\_\_  
(Initial) I am **selecting split limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.  
Please make your selection of coverage below by initialing the limit you desire.

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

	Per Person/ Per Accident BI/ Per Accident PD (000)	Premium
_____ (Initial)	30/60/25	72

Property Damage is subject to a \$100 deductible.

**COMBINED SINGLE LIMITS**

\_\_\_\_\_  
(Initial) I am **rejecting combined single limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.

\_\_\_\_\_  
(Initial) I am **selecting combined single limits** of Uninsured Motorists Bodily Injury and Property Damage Coverage.  
Please make your selection of coverage below by initialing the limit you desire.

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

(Initial)	CSL	Premium
_____	85,000	116.00
_____	100,000	156.00
_____	200,000	177.00
_____	300,000	209.00
_____	400,000	245.00
_____	500,000	274.00
_____	600,000	316.00
_____	750,000	395.00
_____	1,000,000	505.00

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

**COMBINED UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

I am **selecting additional** Combined Uninsured/Underinsured Motorists Coverage. I have made my selection by initialing the limits below that I wish to purchase.

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

Per Person/ Per Accident BI/ <u>Per Accident PD (000)</u>	<u>Premium Per Unit</u>
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50/100/25

188

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

Property Damage is subject to a \$100 deductible.

<u>(Initial Below)</u>	<u>CSL</u>	<u>Premium Per Unit</u>
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_____	85,000	182
_____	125,000	231
_____	200,000	259
_____	300,000	307
_____	400,000	365
_____	500,000	419
_____	600,000	514
_____	750,000	644
_____	1,000,000	782

**APPLICANT'S ACKNOWLEDGMENT**

The undersigner(s) hereby acknowledge(s) they have read, or have had read to them and understand, the above explanations and offers of Uninsured Motorist Bodily Injury and Property Damage Coverage, and Combined Uninsured/Underinsured Motorist Coverage. Selections have been made by checking the appropriate boxes in the Split Limits section or the Combined Single Limits section. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured Motorist Bodily Injury and Property Damage Coverage and Combined Uninsured/Underinsured Motorist Coverage to select or reject coverage and limits on the behalf of the named insured.

**YOUR SELECTION OR REJECTION OF UNINSURED MOTORIST BODILY INJURY AND PROPERTY DAMAGE COVERAGE OR COMBINED UNINSURED/UNDERINSURED MOTORIST COVERAGE IS BINDING ON ALL PERSONS INSURED UNDER THIS POLICY.**

Applicant /Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Title: \_\_\_\_\_

Signature of Agent of Insured: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_