



CANAL Canal Truck Renewal/Anniversary Update Form

MVR and Credit Report Acknowledgement

I authorize Canal Insurance Company to obtain a copy of any Motor Vehicle Report for rating/underwriting insurance. 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 any application for commercial automobile insurance, Canal Insurance Company 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 your commercial automobile insurance policy.

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.

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.

Acknowledgement and Signature

I hereby represent that the information contained on this form is true and agree that my fraudulent or material misrepresentation, omissions, concealment of facts or incorrect statements may result in denial of coverage for a loss and may constitute reason for the company to cancel any policy issued on the basis of the information contained herein.

Signature of Insured X Title or Relationship to Insured _____

Type or Print Insured Name _____ Date _____

Signature of AGENT of the Insured X _____

In the states of Rhode Island and Nevada, please forward a signed and completed supplemental application if there is liability coverage and a previous UM/UIM offer was rejected. In Louisiana: If Bodily Injury limits are changed at any time on an existing policy for any reason, it is required that the insured be presented with the supplemental application at renewal and be given the opportunity to select or reject limits previously chosen.

Premium Calculations (agent use only)

Coverage	Premium	Canal Use Only		
Auto Liability		New Policy Number		
Auto Physical Damage				
Motor Truck Cargo				
Truckers General Liability		Deposit or Down Payment	Number of Installments	Amount Enclosed
TOTAL:				