CANAL

Canal Renewal/Anniversary Update Form

Entire Form Must Be Completed and Signed

Insured Legal Name		Current Policy Number
Renewal Date	*Tax Identification Number	DOT Number

*If provided, certificates of insurance can be accessed from www.canal-ins.com 24 hours a day.

Indicate Policy Term and Payment Method

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

☐ Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)

☐ Full Payment to Company ☐ Company Payment Plan

Have there been any changes to any of the following?

☐ Yes	☐ No	Company Name or Insured's Legal Name	☐ Yes	☐ No	Commodities Transported
☐ Yes	☐ No	Physical Address or Garaging Location	☐ Yes	☐ No	Maximum Radius Hauled
☐ Yes	☐ No	Business Class or Operations	☐ Yes	☐ No	Area of Operations

Please explain all "Yes" answers

Please review the original application and indicate any changes below.

It is only necessary to complete the following for Cargo and Auto Liability

Canal requires all owned, leased and operated units to be scheduled when an MCS-90 or filings are issued. Are all owned, leased and operated equipment scheduled on the policy?

☐ **Yes** ☐ **No**

If no, please explain

It is only necessary to complete the following for Auto Liability

Are all drivers scheduled on the policy?

☐ **Yes** ☐ **No**

If no, please explain

In the states of Rhode Island and Nevada, please forward a signed and completed UM/UIM supplementary application if there is liability coverage and a previous UM/UIM offer was rejected. For all gross receipts and gross mileage policies please submit as required by Canal.

Signature of Insured **X** _____

Type or print Insured name _____

Title or relationship to Insured _____

Date _____

Signature of AGENT of the insured **X** _____

Premium Calculations (agent use only)

Coverage	Premium
Auto Liability	
Auto Physical Damage	
Motor Truck Cargo	
Truckers General Liability	
TOTAL:	

Canal Use Only

New Policy Number

Deposit or Down Payment	Number of Installments	Amount Enclosed

THIS IS NOT A BINDER **THIS IS NOT A BINDER** **THIS IS NOT A BINDER**