



# SUPPLEMENTAL QUESTIONNAIRE

Canal Insurance  Canal Indemnity

Proposed Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

New Policy No: \_\_\_\_\_

Renewal Policy No: \_\_\_\_\_

## DESCRIPTION OF OPERATIONS

### Video Based Technology Type:

- None
- DriveCam
- SmartDrive
- GreenRoad
- Other \_\_\_\_\_

### Safety Technology Type:

- Electronic Logging Device
- Disc Brakes Tractor; Percentage of Fleet: \_\_\_\_\_
- Disc Brakes Trailer; Percentage of Fleet: \_\_\_\_\_
- Collision Avoidance; Type: \_\_\_\_\_
- Lane Departure; Type: \_\_\_\_\_
- Web Based Safety Training; Type: \_\_\_\_\_
- Other Safety Training; Type: \_\_\_\_\_
- GPS Tractor: \_\_\_\_\_
- GPS Trailer: \_\_\_\_\_
- Other: \_\_\_\_\_

## COVERAGES – Please answer the following additional questions as applicable to desired coverages

### **Truckers General Liability**

Any General Liability losses in the past 36 months?  Yes  No

Does insured have any permanently attached mobile equipment?  Yes  No

Does insured own a tank farm?  Yes  No

Does insured own or operate other business activities?  Yes  No

If yes, please describe: \_\_\_\_\_

Does insured have a warehouse?  Yes  No

### **Non-Owned Auto Liability**

Number of Employees: \_\_\_\_\_

### **Non-Owned Trailer Collision**

Number of power units covered by liability that pull non-owned trailers: \_\_\_\_\_

Number of power units covered by physical damage that pull non-owned trailers: \_\_\_\_\_

### **Hired Auto Collision**

Deductible:

- \$500
- \$1,000
- \$2,500
- \$5,000
- \$10,000

Stated Value per Auto Limit: \_\_\_\_\_

Cost of Hire: \_\_\_\_\_

### **Designated Shipper** (Attach separate page as needed)

| Shipper Name | % Annual Revenue | Limit for Shipper |
|--------------|------------------|-------------------|
|              |                  |                   |
|              |                  |                   |
|              |                  |                   |

Complete the following page if purchasing Garagekeepers Coverage



## SUPPLEMENTAL QUESTIONNAIRE

### **GARAGEKEEPERS SELECTION – *Please complete the following if purchasing Garagekeepers Coverage***

Address:

\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Primary Use:

- Office
- Terminal
- Garaging
- Other \_\_\_\_\_

**Garagekeepers OTC**

Limit: \_\_\_\_\_

Type:

- Comprehensive
- SCOL

Deductible:

- 100/500
- 250/1000
- 500/2,500
- 1,000/5,000
- 2,500/10,000
- 5,000/25,000

Rating Basis:

- Legal Liability
- Direct (Primary)
- Direct (excess)

**Garagekeepers Collision**

Deductible:

- 100
- 250
- 500
- 1,000
- 2,500
- 5,000