



TRUCKING COMPANY ALBERTA APPLICATION

DETAILS OF REQUIRED COVERAGES

1. Effective date of insurance: _____
2. Name of present insurer: _____
3. Expired premium, if any: _____

INFORMATION ON THE APPLICANT

4. Applicant's name: _____
5. Name of the owner: _____
6. Applicant's address: _____
7. Phone number: _____
8. Email: _____
9. In business since (year): _____
Known since: _____
10. Has the applicant ever been canceled or non-renewed by an insurer? Yes No
11. Has the applicant or one his employees ever had any criminal conviction? Yes No
12. NSC - National Safety Code: _____
** Please provide a recent copy of the applicant's Public Profile*
13. USDOT identification number (MC #) (facultative): _____
14. Type of transportation operation: _____
15. Income from transport (12 last months): \$ _____
16. Income from brokerage (12 last months): \$ _____
17. Other Activities? Yes No
If Yes, declare: _____

18. Situations used by the applicant:

Address	Activitie(s)	Tenant's liability required?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Transported goods **

Description	%	Average value	Maximum value

** Specify if the applicant transports the following merchandises: cannabis, containerized freight, fresh or frozen meat (poultry, pork, beef, etc.) fish, seafood; recreational motorized vehicles; ingots, bars, lamellas of aluminium, copper or stainless steel; wires (electrical wires) mainly made of aluminium, copper or stainless steel; beer; alcohol; tobacco products; tires; electronic material.

20. Radius of operation % * For any out of province business, please provide the fuel tax reports for the last 4 available quarters.

Alberta	
East Canada (QC, Maritimes)	
Ontario	
West Canada (MB, SK)	
BC, Yukon	
USA	

21. Alberta radius distribution:

Less than 160 km	
More than 160 km	

22. List of Drivers

Name, First name	Driving license #	Year of the obtainment of required license class	Number of demerit points	Sanction?	Hiring date

23. List of Vehicle (including trailers)

Year	Brand	Serial number	Actual value (QEF 19)	New value	Creditor (C) / Lessor (L) with Address



24. Are all the vehicles mentioned in this list registered to the applicant's name? Yes No
If No, please provide explanation in the remarks section.

25. Is the application will be using not owned trailer(s)? Yes No
If Yes, provide the following information:

Maximum number in his possession	Trailer type	Average value	Maximum value

26. Is the applicant having vehicles plated outside Alberta? Yes No
If Yes, provide list and the province plate

LOSS HISTORY

Did the applicant have made any claims (responsible or non-responsible)? Yes No

** Please provide a loss report on previous insurer's paper for the last 3 years.*

In the case in which the applicant did not have his own insurance, please provide a letter of experience from his employers for the last 3 years confirming loss history.

REMARKS SECTION

(Please declare all relevant information that are not mentioned in this application)



REQUESTED COVERAGE

Automobile		
Coverage	Amount	
Section A - Automobile liability		
Section C - Coverage for damages to insured vehicles		
Type of Vehicle	Subsection	Deductible
Tractors:		
Straight Trucks:		
Trailers/Semi-trailers :		
Private vehicles :		
Endorsements	Amount	Deductible
<input type="checkbox"/> SEF 8		
<input type="checkbox"/> SEF 19		
<input type="checkbox"/> SEF 20a		
<input type="checkbox"/> SEF 20g		
<input type="checkbox"/> SEF 27		
<input type="checkbox"/> SEF 40		
Cargo		Amount
Carrier's Legal Liability		
Terminal Limit (unloaded goods)		
Catastrophic Limit		
Contingent cargo (brokerage)		
Earned freight charges		
Cargo Section Deductible		
Comprehensive General Liability	Amount	Deductible
Bodily Injury and/or Property Damage		
Personal injury		
Medical Charges		
Tenant's Legal Liability		
S.P.F. 6		
Other coverages	Amount	Deductible
<input type="checkbox"/> S.P.F. 4 Chapitre A		
<input type="checkbox"/> Section E2		
<input type="checkbox"/> Section E3		
Other:		

Signature of the Insured: _____

Date: _____

Please send the completed, signed and dated application to transport@revau.com.