



# COMMERCIAL VEHICLE SUPPLEMENT

POLICY NUMBER

INSURANCE COMPANY

INSURED

BROKER /AGENT

BROKER/AGENT CLIENT ID#

ADDRESS

## 1. BUSINESS OF INSURED

N.S.C. #

R.I.N. #

C.V.O.R. #

YEARS OF EXPERIENCE IN THIS TYPE OF OPERATION

YEAR BUSINESS STARTED

IBC INDUSTRY CODE:

## 2. LIST GARAGING LOCATIONS

LOC #	GARAGING LOCATION ADDRESS

## 3. AUTOMOBILE USE

	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE
PRIMARY BUSINESS USE												
GARAGING LOCATION (SEE SECTION 2)	LOC #			LOC #			LOC #			LOC #		
FOR ALL OPERATORS OF THIS TYPE OF VEHICLE, MINIMUM YEARS OF DRIVING EXPERIENCE FOR VEHICLE OR SIMILAR TYPE OF VEHICLE	YRS. OF EXP.			YRS. OF EXP.			YRS. OF EXP.			YRS. OF EXP.		
IS VEHICLE ALSO USED FOR PLEASURE? IF SO, PROVIDE PERCENTAGE PLEASURE USE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	%	YES <input type="checkbox"/>	NO <input type="checkbox"/>	%
IF RECREATIONAL VEHICLE USED FOR BUSINESS, IDENTIFY FREQUENCY												
IF ARTISAN USE, AVERAGE NUMBER OF CUSTOMER LOCATIONS VISITED IN A WORK DAY												
IS VEHICLE USED TO HAUL TRAILERS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DOES VEHICLE FORM PART OF A TRAILER TRAIN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

## COMMODITIES TRANSPORTED (if vehicle carries explosives, nuclear/radioactive material or dangerous goods, identify which goods are carried and complete, sign and attach appropriate questionnaire)

COMMODITIES TRANSPORTED	%	%	%	%
MERCHANDISE CARRIED AND PERCENTAGE USE REMARKS SECTION IF MORE SPACE REQUIRED	%	%	%	%
IF DELIVERY SERVICE - WHOLESALE OR RETAIL	W <input type="checkbox"/> R <input type="checkbox"/>	W <input type="checkbox"/> R <input type="checkbox"/>	W <input type="checkbox"/> R <input type="checkbox"/>	W <input type="checkbox"/> R <input type="checkbox"/>

## HAULING FOR OTHERS

HAULING DONE FOR OTHERS? IF SO, PROVIDE FREQUENCY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
---	--	--	--	--

## RADIUS OF OPERATION

NORMAL OPERATING DISTANCE - ONE WAY	KMS	KMS	KMS	KMS
% OF TOTAL TRIPS	%	%	%	%
MAXIMUM OPERATING DISTANCE - ONE WAY	KMS	KMS	KMS	KMS
% OF TOTAL TRIPS	%	%	%	%
NO. OF TRIPS PER MONTH BEYOND THE NORMAL DISTANCE FROM PLACE USUALLY KEPT				
MOST COMMON DESTINATIONS - LIST CITIES AND PROVINCES. USE REMARKS SECTION IF MORE SPACE IS REQUIRED				

## U.S.A. EXPOSURE

ANY U.S.A. EXPOSURE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
MOST COMMON DESTINATIONS - LIST CITIES AND STATES				
NUMBER OF KILOMETERS FROM THE BORDER				
NUMBER OF TRIPS PER MONTH				
NUMBER OF CONSECUTIVE DAYS				
ANNUAL USE %	%	%	%	%

