



FLORIDA COMMERCIAL FLEET INSURANCE APPLICATION

(Commercial Auto, General Liability, Inland Marine/Cargo)

Canal Insurance | Canal Indemnity

Proposed Effective Date: _____

Expiration Date: _____

New Policy No: _____

Renewal Policy No: _____

Date Quote is needed: _____

GENERAL INFORMATION

<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				General Agency: Name _____ Code _____	
<input type="checkbox"/> Other _____				Producing Agency: Name _____ Code _____	
Applicant Name			Company Name (DBA ¹) (if any)		
Phone #	Cell Phone #	US DOT #	Federal ID #	Month/Year Current Operations Began	
Location of the Business or Physical Address, if different			City	State	Zip
Location is: <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits			Company Website		
Mailing Address			City	State	Zip
Safety Director	Safety Director Phone #	Operations Director Name		Operations Director Phone #	
Safety Director Email Address	Years in Current Position	Operations Director Email Address		Years in Current Position	
Safety Director Address			Operations Director Address		

FOR VIRGINIA APPLICANTS ONLY: Read your policy. The policy of insurance for which this application is being made, if issued, may be cancelled without cause at the option of the insurer at any time in the first 60 days during which it is in effect and at any time thereafter for reasons stated in the policy.

MARYLAND NOTICE OF UNDERWRITING PERIOD ADVISORY NOTICE TO POLICYHOLDERS: We are notifying you that the policy you have just agreed to purchase is subject to a 45 day underwriting period beginning on the effective date of your coverage. Your coverage may be cancelled during the underwriting period if your risk does not meet our underwriting standards. If we decide to cancel the policy, we will send you a written notice of cancellation advising you of the reason(s) for the cancellation and the date on which your policy will be cancelled. Your premium may be recalculated during the underwriting period due to discovery of a material risk factor. If we recalculate the premium, we will send you a written notice of recalculation of premium advising you of the amount of and reason for the recalculated premium.

FOR SOUTH CAROLINA APPLICANTS ONLY: THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

OWNER / PRINCIPAL / PRESIDENT

Name		Title			
Home Address					Apt #
City	State	Zip	Business Phone		

DESCRIPTION OF OPERATIONS

Business Class	<input type="checkbox"/> Trucking For Hire – Exempt	<input type="checkbox"/> Trucking for Hire – Nonexempt	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Retailer	<input type="checkbox"/> Agriculture
	<input type="checkbox"/> Mining	<input type="checkbox"/> Wholesale Distributer	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Forestry
Operations	<input type="checkbox"/> Auto – Boat Haulers	<input type="checkbox"/> Commercial Use – Truck	<input type="checkbox"/> Container/Intermodal	<input type="checkbox"/> Contractors	<input type="checkbox"/> Courier/Specialized Del.
	<input type="checkbox"/> Drive-away	<input type="checkbox"/> Dry Bulk/Farm Products	<input type="checkbox"/> Dry Van/Box	<input type="checkbox"/> Dry Van – Doubles	<input type="checkbox"/> Dump
	<input type="checkbox"/> Dump-Coal	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Livestock	<input type="checkbox"/> Log or Pulp	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Non-Trucking	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> PPT ² – Corporate Owned	<input type="checkbox"/> Service Truck	<input type="checkbox"/> Special Type Operations
	<input type="checkbox"/> Tanker-Fuel	<input type="checkbox"/> Tanker – Liquids/Comp. Gases	<input type="checkbox"/> Towing & Recovery	<input type="checkbox"/> Waste/Garbage	<input type="checkbox"/> Other _____

Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Brokerage: Do you have Brokerage Authority? _____	Under the same name? _____
	Do you broker both exempt & non-exempt loads? _____	If yes, % of brokerage under same name _____%

Percent of Loads:	(Local) 0 – 150 Miles _____	(Intermediate) 151 – 300 Miles _____	(Long Haul) 301 – 500 Miles _____	(Long Haul) 501 Miles + _____
	Longest Trip One Way	Miles	Annual Miles Driven	Miles

¹ DBA: Doing Business As
² PPT: Private Passenger Type



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LIST CITY DESTINATIONS BELOW

1.	2.	3.	4.
OPERATIONS BEYOND 300 MILES RADIUS: Identify Metropolitan Areas Traveled Through Or Into			
<input type="checkbox"/> Atlanta <input type="checkbox"/> Balt-Washington <input type="checkbox"/> Boston <input type="checkbox"/> Buffalo <input type="checkbox"/> Charlotte <input type="checkbox"/> Chicago <input type="checkbox"/> Cincinnati <input type="checkbox"/> Alabama, Mississippi, Louisiana	<input type="checkbox"/> Cleveland <input type="checkbox"/> Dallas/Ft Worth <input type="checkbox"/> Denver <input type="checkbox"/> Detroit <input type="checkbox"/> Hartford <input type="checkbox"/> Houston <input type="checkbox"/> Indianapolis <input type="checkbox"/> Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	<input type="checkbox"/> Jacksonville <input type="checkbox"/> Kansas City <input type="checkbox"/> Little Rock <input type="checkbox"/> Los Angeles <input type="checkbox"/> Louisville <input type="checkbox"/> Memphis <input type="checkbox"/> Miami <input type="checkbox"/> Delaware, Maryland, New York, New Jersey, Pennsylvania	<input type="checkbox"/> Milwaukee <input type="checkbox"/> Minneapolis/St Paul <input type="checkbox"/> Nashville <input type="checkbox"/> New Orleans <input type="checkbox"/> New York City <input type="checkbox"/> Oklahoma City <input type="checkbox"/> Omaha <input type="checkbox"/> Orlando <input type="checkbox"/> Philadelphia <input type="checkbox"/> Phoenix <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Portland, OR <input type="checkbox"/> Richmond <input type="checkbox"/> St. Louis <input type="checkbox"/> Florida, Georgia, North Carolina, South Carolina, Virginia
<input type="checkbox"/> Salt Lake City <input type="checkbox"/> San Diego <input type="checkbox"/> San Francisco <input type="checkbox"/> Seattle <input type="checkbox"/> Tampa <input type="checkbox"/> Tulsa			
Cities other than above or regular routes _____			

COMMODITIES TRANSPORTED					
Top Customers:					
1. _____ % Load		2. _____ % Load		3. _____ % Load	
Commodity	% of Loads	Maximum Value	Commodity	% of Loads	Maximum Value
Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargos a total loss regardless of actual damage in the event of a loss? If yes, attach a copy of the contract.					

SCHEDULE OF EQUIPMENT OPERATED							
TYPE	Owned	Leased w/o Drivers	Owner Operators	Local (0-150)	Intermediate (151-300)	Long Haul (301+ miles)	TOTAL UNITS
Auto or Service							
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							

REPORTING OPTION – UNITS, REVENUE OR MILEAGE (Actual and Estimated)				
	Period	Units	Revenue	Mileage
Projected				
Current				
1 st Prior				
2 nd Prior				
3 rd Prior				
4 th Prior				

PAYMENT OPTIONS				
Annual Policy:	<input type="checkbox"/> Full Payment to Company	<input type="checkbox"/> Company Payment Plan	_____ % Down payment	_____ # of installments
<input type="checkbox"/> Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)				
<input type="checkbox"/> Continuous Until Cancelled Policy (Escrow deposit and monthly billing will be required.)	_____ % Deposit			

FILINGS		
Filings Requested	Motor Carrier # / Cert. #	Applicant's Name and Address Exactly As It Appears On Each Permit
<input type="checkbox"/> Liability BMC 91X		
<input type="checkbox"/> Liability – Form E _____ State		
<input type="checkbox"/> Oversized/Overweight _____ State		
<input type="checkbox"/> Hazardous _____ State		
<input type="checkbox"/> Intermodal		
<input type="checkbox"/> Cargo – Form H _____ State		
<input type="checkbox"/> DMV _____ State		
<input type="checkbox"/> SR 22 – If yes explain		
<input type="checkbox"/> Other _____		
Please note: The Federal Motor Carrier Safety Administration (FMCSA) and/or state agencies require a minimum 36 day notice of cancellation on all policies that have a MCS-90 or other filings.		



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ADDITIONAL UNDERWRITING INFORMATION

In the past five (5) years, have any drivers been convicted of any of the following? Yes No
 Leaving the scene of an accident or a hit and run, any felony conviction which involves a motor vehicle, driving while license is suspended or revoked in a commercial vehicle, DUI or DWI.
 If yes, please provide driver name, conviction date and details: _____

In the past three (3) years, have any drivers been convicted of any of the following? Yes No
 Negligent homicide, unlawful use of vehicle, speed contest or racing, reckless driving, or speeding twenty miles or more over the speed limit.
 If yes, please provide driver name, conviction date and details: _____

For Kansas applicants only: Convictions for exceeding a maximum posted speed limit of 30 to 54 MPH by six MPH or less or exceeding a maximum posted speed limit of 55 to 70 MPH by 10 MPH or less shall not be considered by any insurance company in determining the rate charged for any automobile liability policy.

TRUCKERS GENERAL LIABILITY COVERAGE

- YES NO**
- Do you haul bulk fuel?
- Do you repair or service vehicles of others?
- Do you have dogs at premises? (see exclusion endorsement)
- Do you or anyone else who is an employee carry a firearm to work? (see exclusion endorsement)
- Do you generate income from other activities besides the operation of the trucks?
- Do you want to add Contractual Liability
- Do you want to add mis-delivery of goods Coverage?
- Do you have fuel storage containers on premises?

Please list all mobile equipment owned by the applicant, if any (i.e. forklift, backhoe, mobile crane, etc.)

Please list all premises owned or rented

Street Address

City State Zip County

Description of any other operations being conducted by this applicant?

ADDITIONAL/DESIGNATED INSURED FOR AUTO LIABILITY OR TRUCKERS GENERAL LIABILITY

NAME	MAILING ADDRESS	*TYPE OF ADDITIONAL INSURED

* Please enter each desired additional/designated insured by entering the corresponding number and/or letter:
Auto Liability Additional Insureds: 1. Designated Additional Insured, 2. Intermodal, 3. Additional Insured Waiver Rights Recovery.
General Liability Additional Insureds: A. Controlling Interest, B. Designated Person or Organization, C. Managers or Lessors of Premises, D. Mortgagee, E. Owners, Lessees or Contractors, F. Co-owner of Insured Premises, G. Vicarious Liability of Owners, Lessees or Contractors.

INSURANCE HISTORY AND LOSS EXPERIENCE

Provide the following insurance and loss information for the current year plus at least four (4) full prior policy years.

HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST FOUR (4) YEARS?
 (Missouri Applicants – Do not answer this question.)

Yes No If Yes, explain.

Policy Term	Insurance Company	Policy Number	Liability		Phys Dam		Cargo		General Liability	
			#	Loss Amount	#	Loss Amount	#	Loss Amount	#	Loss Amount

Please enter the # of claims over \$100,000: _____ Please enter the dollar amount for claims over \$100,000: _____

EXPERIENCE INFORMATION: Furnish currently valued (must be value dated within the last 3 months) insurance company produced detailed loss and experience auto liability, physical damage and cargo loss runs for current year plus at least four (4) full prior policy years.

Describe any claim with payment or reserves over \$25,000.

NOTICE FOR MARYLAND APPLICANTS: Canal's acceptance of this application is contingent upon the consideration of the applicant's claims history. If accepted, your claims history will also be considered in determining if the policy should be cancelled or nonrenewed.



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DRIVER INFORMATION

Provide a list of drivers that includes the Driver's Name, Date of Birth, License Number, Date of Hire and Years of Driving Experience.

Truck Fleet – No. of drivers:	Regularly Employed _____	Part Time _____	Owner/Operator _____
	Leased _____	Casual _____	TOTAL _____
How are drivers paid?	<input type="checkbox"/> Hourly <input type="checkbox"/> Trip <input type="checkbox"/> Mileage <input type="checkbox"/> Other: _____		
Drivers Hired or Leased Last Year	Company Drivers		Lease/Owner Operators
a. Number Replaced _____	_____	_____	_____
b. Number Increased _____	_____	_____	_____
c. Minimum Age _____	_____	_____	_____

DRIVER HIRING, TRAINING AND SAFETY

1. Which of the following is part of your driver screening/hiring process:

<input type="checkbox"/> Employment Background Check	<input type="checkbox"/> Pre-employment Drug Test
<input type="checkbox"/> Criminal Background Check	<input type="checkbox"/> Road Test
<input type="checkbox"/> Motor Vehicle Record (MVR) review	<input type="checkbox"/> Pre-employment Screening Program (PSP) Report for FMCSA ³
<input type="checkbox"/> Behavioral / Integrity Testing	<input type="checkbox"/> Physical Abilities Testing

2. Which of the following is part of your driver performance management process:

<input type="checkbox"/> Annual review of driver's driving record (MVR)	<input type="checkbox"/> Review of electronic engine data
<input type="checkbox"/> Periodic review of driver and vehicle out of service violations. (SafeState/CSA2010 Reports)	<input type="checkbox"/> Incentives for violation-free and accident-free driving
<input type="checkbox"/> Are Owner Operators subject to Motor Carrier Maintenance Programs, i.e. EOBR ⁴ /Qualcomm	<input type="checkbox"/> Formal corrective action procedures. If so, please attach.
<input type="checkbox"/> Periodic review of accidents/incidents	<input type="checkbox"/> Driver safety training? Description of Program _____
<input type="checkbox"/> Are units governed? If so, what limit _____?	<input type="checkbox"/> Formal Written Hiring Standard. If so, please attach.

3. Do you adhere to a written vehicle inspection and maintenance program? Yes No

If yes, describe or attach program. _____

³ FMCSA: Federal Motor Carrier Safety Administration
⁴ EOBR: Electronic On-Board Recorder



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COVERAGES

AUTO LIABILITY LIMITS: \$ _____ Combined Single Limits

LIABILITY FOR NON-TRUCKING USE Leased to: _____
LIMITS: \$ _____ Combined Single Limits

HIRED AUTO LIABILITY Cost of Hire _____

NON-OWNED Is the account a Service or Charitable Organization? Yes No # of Power units under agreement _____

MEDICAL PAYMENTS Limits _____

Property Protection (Michigan Only)

Property Damage Buyback (Michigan Only)

Medical Expense (Virginia Only)

Income Loss Benefits (Virginia Only)

New York Spousal Liability Coverage (New York Only)

PHYSICAL DAMAGE (Please refer to Vehicle Information Section for Stated Amount values by Vehicle.)

Comprehensive \$ _____ Deductible Collision \$ _____ Deductible Specific Cause of Loss (SCoL) \$ _____ Deductible

TOWING Amount of Coverage \$ _____

RENTAL REIMBURSEMENT Amount Per Day \$ _____ for 30 days.

ROADSIDE SERVICE

TRAILER INTERCHANGE Provide a Copy of Agreement
of Power units under agreement _____ Maximum trailer value \$ _____ # trailer days per power unit _____

NON-OWNED TRAILER LIMIT Limits _____ Provide a Copy of Agreement

ENHANCED PHYSICAL DAMAGE Standard Preferred

HIRED AUTO PHYSICAL DAMAGE Complete and Attach Supplement

CARGO Limit \$ _____ \$ _____ Deductible (Same for all vehicles with Cargo Coverage)

OPTIONAL CARGO COVERAGES: (Check all that apply)

Refrigeration Breakdown – \$2,500 deductible applies Earned Freight Increase to \$ _____ (\$1,000 included)

Debris Removal Increase to \$ _____ (\$25,000 Included)

UNINSURED/UNDERINSURED MOTORIST AND PERSONAL INJURY PROTECTION OPTIONS Complete and Attach Supplements (ACORD 61 FL, ACORD 62 FL, and ACORD 64 FL)

TRUCKERS GENERAL LIABILITY COVERAGE SELECTION This is for businesses solely involved in "For-Hire" transportation of property.

Desired Aggregate Limits – please select one \$1,000,000 \$2,000,000 Each Occurrence \$1,000,000 (included)

Employers Liability (Stop Gap) Coverage – Applicable only in ND, OH, WA and WY. Please select either yes or no.

Yes No \$1,000,000 Bodily Injury by Accident – each accident \$1,000,000 Bodily Injury by Disease – each employee \$1,000,000 Bodily Injury by Disease – each policy

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FRAUD STATEMENTS

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ALASKA and VERMONT: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information may be prosecuted under state law.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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MAINE, TENNESSEE, VIRGINIA and WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person, who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TEXAS: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed by false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.



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MVR AND CREDIT REPORT ACKNOWLEDGEMENT

I authorize Canal Insurance Company and/or Canal Indemnity to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied.

DISCLOSURE: In connection with the application for commercial automobile insurance, we 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 other than the underwriting of the commercial automobile insurance for which you have applied.

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 is a factor in determining your eligibility for commercial automobile, including cancellation or nonrenewal, if a policy is ultimately issued.

I authorize Canal Insurance Company and/or Canal Indemnity 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.

Applicant Signature

Date

For Arkansas Applicant Only: I hereby authorize Canal Insurance Company and/or the Producing Agent to obtain from the **Arkansas Office of Driver Services** a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

ACKNOWLEDGEMENT AND SIGNATURE

I hereby acknowledge that the information contained in this application is true and agree that any intentional misrepresentation of any of the facts by me will constitute reason for the Company to cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy.

I understand that the coverage selection and limit choices indicated herein will apply to all future policy renewals, continuation and change unless I, or my agent, notify Canal Insurance Company otherwise in writing.

Signature of **APPLICANT** _____
 Type or Print Applicant Name _____
 Title or Relationship to Applicant _____
 Date and Time Application Completed _____
 Requested Effective Date and Time _____
 Phone # of Applicant _____
 Fax # of Applicant _____

Signature of **AGENT**
of the Applicant _____
 Agency Name _____
 Address of Agency _____

 Phone # of Agency _____
 Fax # of Agency _____
 Agent Name _____
 Agent License Number _____

**Canal General Agent Use Only
Date and Time Bound**