



CENTRE FOR STUDY OF INSURANCE OPERATIONS
CENTRE D'ÉTUDE DE LA PRATIQUE D'ASSURANCE

ABOUT THE FORMS WORKGROUP

The CSIO Forms Workgroup offers a forum for volunteer Brokers, Companies and Vendors, to discuss revisions to existing CSIO forms and design new forms. This group also identifies related Standards issues that require either a Maintenance Request or Implementation Guideline. If you would like to participate or be added to the distribution list, please e-mail Francine Davis at fdavis@csio.com.

ATTENDEES:

Carol Ambrose	Applied Systems	
Kim Opheim	Applied Systems	Tel
Julia Benner	Aviva	
Victoria Vollering	Aviva	
Doug Bundock	Bryson Insurance	
Francine Davis	CSIO (Chair)	
Garrett Erick	CSSI	Tel
Anne Carswell	Darling Insurance Brokers	
Michelle Palliotto	Dominion	
Michelle Kaczmarek	Economical	Tel
Tore Eriksen	Eriksen & Associates	
Jackie Murison	Farmer's Mutual	
Brenda Rose	FCA Insurance Brokers	
Nancy Holland	Intact	Tel
Marilyn Sorvari	Keal	Tel
Suzanne McLean	Pembridge	
John Penner	Portage Mutual	Tel
Iulian Georgescu	Zurich	Tel

Next Forms Meeting – November 10, 2011 - CSIO 110 Yonge Street, Toronto

Register at <http://www.csio.com/en/calendar/events.html>

CSIO thanks all the people who volunteer to work on the forms. Everyone's knowledge and participation is necessary for this process to be successful and to provide forms that will be useful to the industry. Your time and knowledge is very much appreciated.



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Commercial Vehicle Supplement

CSIO prepared a very rough draft of a supplement for discussion purposes for this meeting.

CSIO presented the reason this supplement came up for review. A CSIO member had requested that CSIO map the existing form to the EDI AL3 Standards. CSIO started this process and quickly realized that it couldn't map properly. It was determined that there was either a problem with the form or with the Standards. The best thing to do in that scenario is to determine what the requirements are. Once you know what the requirements are, you can check the Standards to see if they meet those requirements.

Also, CSIO and some members CSIO had discussed this form with felt that the form was not very user friendly. So, while gathering the requirements, it was also a good time to revise the form to make it easier to complete.

CSIO requested copies of the insurance companies' forms but the response from them was that they use the current CSIO Commercial Vehicle Supplement, except for one company who had their own.

CSIO created a new draft based on the current supplement and including the one insurance company's details. There were very few.

The format is different than it used to be. CSIO asked the participant's if this format was acceptable as we were trying to make it easier to use and follow. The group agreed that this new format was more appropriate. Part way through the meeting, CSIO asked again, if they still agreed that this format was better and again, the group agreed.

Page 1 – top of page

CSIO asked, since this was a Supplement, should the top of the form follow all other CSIO Supplements' format. Group agreed that it should. It currently looks like an application rather than a supplement. This will be revised to look like all the other CSIO Supplements.

Section 1 will be a section for **Business of Insured** where the user will be able to enter text describing the business. This section will also include a field to capture the "**C.V.O.R. #**", "**N.S.C. #**", "**R.I.N #**", "**Years of Experience in this type of operation**", and "**Year Business Started**".

Section 2 will be a section to **List Garaging Locations** where there will be more room to enter the location addresses. The garaging location used to be in section 8 under Travel and Radius of Operation. It will have a **Loc. No.** and a field going across the form for the **Address**.

Section 3 will be **Automobile Use** and will have the following questions:

- Primary Business Use
- Garaging Location (See section 2)
- Operator's Years of Driving Experience for vehicle or similar type of vehicle (Driver No. & Yrs. Of Exp.)
- Is vehicle also used for pleasure? If so, provide percentage pleasure use (Yes, No, %)
- If recreational vehicle used for business, identify frequency



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- If Artisan Use, average number of customer locations visited in a work day
- Is the vehicle used to haul trailer?
- Does vehicle form part of a trailer train?

Commodities Transported (If vehicle carries explosives, nuclear/radioactive material or dangerous goods, identify which goods are carried and complete, sign and attach appropriate questionnaire.)

- Merchandise Carried (Use remarks if more space is required) (allow 3 lines with % on each line)
- If Delivery Service – Wholesale or Retail

Hauling Done for Others

- Hauling done for others? If so, provide frequency.

Radius of Operation

- Normal Operating Distance – one way
- % of total trips
- Maximum Operating Distance – one way
- % 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?
- Most Common Destinations – List Cities and States
- Number of Kilometers from the border
- No. of Trips per month
- No. of Consecutive Days
- Annual Use %

Machinery and Equipment

- Describe machinery or equipment mounted on or attached to vehicle. Allow 5 lines.
- Exclude? Y/N
- Owned or Leased
- Value



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Special / Seasonal Use

- Any special or seasonal use?
- No. of Months
- Use (eg., Snow removal, road salting)
- Gross Receipts

Section 4 will be Filings Required – Yes / No

- Auto No.
- List City, Province or State
- U.S. DOT #
- Docket #
- Specify exact name required on filing

Section 5 Non-Owned Vehicles/Trailers

- Does the applicant need endorsement 27/27B Liability for damage to non-owned vehicles?
- Has Liability been assumed under contract or agreement?
- Type of non-owned vehicle/trailer
- Average number of vehicles/trailers at any one time
- Average Value
- Maximum number of vehicles/trailers annually
- Collective Maximum Value
- Value of Most Expense Unit

Group discussed splitting the Commercial Vehicle Supplement into two separate supplements. One named Commercial Vehicle Supplement and the other Public Commercial Vehicle Supplement.

Bottom of form should read

“Are any of the insured vehicles used for public transportation? (Driving School, private or public buses, taxis, limousines, funeral, or emergency vehicles) Y/N

“If you have public vehicles, please complete the Public Commercial Vehicle Supplement.”

Section 6 – Remarks

We need to determine if the Consent and Disclosure need to be included on these supplements since these are Commercial supplements. This question will be addressed with the Insurance Bureau of Canada.

As per discussions, a separate Public Commercial Vehicle Supplement is being created to support Driving Schools, Public or Private Buses, Taxis/Limousines, Funeral and Emergency Vehicles.

Public Commercial Vehicle Supplement

Top of form will be set up like the other CSIO supplements.

Section 1 – Driving School

- Road Course Type (Private, Public, Both)
- Tractor Trailer Training (Loaded Trailer or Unloaded Trailer)
- Dual Control (Yes or No)

Section 2 - Buses

- Type of Bus
- Maximum No. of Passengers normally carried
- Maximum No. of Attached Seats
- Regular Routes %
- City or Town %
- Regular Service between towns %
- Charter %
- Airport %
- If private bus used for other than transporting employees to and from work, provide use and frequency

Section 3 - Ambulances

- Emergency Use or Non Emergency Use
- No. of Seats
- Public or Private

Section 4 - Taxis/Limousines

- Taxi Plate Number
- Taxi Plate Licensing Authority
- Is the vehicle/plate leased to others?
- Is vehicle used for other than taxi or limousine service? If yes, specify.
- Is vehicle broker dispatched by other than registered owner?
- Broker/Dispatcher Name



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New Form Change Requests received from our members to date

- **Habitational Policy Change Request Form** – complete review
- **Automobile Policy Change Request Form** - complete review
- **Farm Policy Change Request Form** – does not exist – new form required
- **Commercial Fleet – Vehicle Schedule** – review request for amendment
- **Commercial Loss Notice – Property and Liability**
- **Non Owned Automobile Application**

Next scheduled National Forms Workgroup – Thursday November 10, 2011

We will be reviewing the Commercial Vehicle Supplement, and Commercial Fleet – Vehicle Schedule if time permits.