



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

2. LIST GARAGING LOCATIONS

LOC #	GARAGING LOCATION ADDRESS

3. AUTOMOBILE USE

	AUTO NO.		AUTO NO.		AUTO NO.		AUTO NO.	
PRIMARY BUSINESS USE								
GARAGING LOCATION (SEE SECTION 2)	LOC #		LOC #		LOC #		LOC #	
OPERATOR'S YEARS OF DRIVING EXPERIENCE FOR VEHICLE OR SIMILAR TYPE OF VEHICLE	DRIVER NO.	YRS. OF EXP.	DRIVER NO.	YRS. OF EXP.	DRIVER NO.	YRS. OF EXP.	DRIVER NO.	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)

	%	%	%	%
MERCHANDISE CARRIED				
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.	YES <input type="checkbox"/> NO <input type="checkbox"/>	FREQ	YES <input type="checkbox"/> NO <input type="checkbox"/>	FREQ	YES <input type="checkbox"/> NO <input type="checkbox"/>	FREQ	YES <input type="checkbox"/> NO <input type="checkbox"/>	FREQ

RADIUS OF OPERATION

	KMS	KMS	KMS	KMS
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?	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 %				

