



## 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

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



15. 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

16. 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.

17. 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 % \_\_\_\_\_

18. Alberta radius distribution:

- Less than 160 km % \_\_\_\_\_
- More than 160 km % \_\_\_\_\_

19. List of Drivers

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

**20. List of Vehicle (including trailers)**

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

**21.** 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.

**22.** 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

**23.** 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)

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**REQUESTED COVERAGE**

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

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [transport@revau.com](mailto:transport@revau.com).