



Canal Truck Renewal/Anniversary Update Form

Insured Legal Name		Current Policy Number
Renewal Date	Tax Identification Number / Social Security Number	DOT Number

Indicate Policy Term and Payment Method

- Annual Policy Continuous Until Cancelled Policy (2 month escrow deposit and monthly billing)
 Financed through outside Premium Finance Company with full payment to Canal (no double financing permitted – attach contract)
 Full Payment to Company Company Payment Plan

Have there been any changes to any of the following?

- | | | | | | |
|------------------------------|-----------------------------|---------------------------------------|------------------------------|-----------------------------|-------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Company Name or Insured's Legal Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commodities Transported |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Physical Address or Garaging Location | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Maximum Radius Hauled |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Business Class or Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Area of Operations |

Please explain all "Yes" answers

It is only necessary to complete the following for Cargo and Auto Liability: Canal requires all owned, leased and operated units to be scheduled when an MCS-90 or filings are issued. Are all owned, leased and operated equipment scheduled on the policy?

- Yes No If no, please explain

It is only necessary to complete the following for Auto Liability: Are all drivers scheduled on the policy?

- Yes No If no, please explain

If there are any changes from the original application please indicate below. If not, please leave the coverage selections blank.

- Coverages Desired:** Auto Liability Auto Physical Damage Motor Truck Cargo Truckers General Liability

Auto Liability Coverage Selection	
Combined Single Limit - each accident	\$ _____
If applying for Hired Auto coverage, please enter the annual estimated cost of hire: _____	
If Non-Owned coverage is desired please enter the number of employees: _____	
Is this a social service agency or charitable organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Auto Physical Damage Coverage Selection	
Deductible Desired	Coverage Desired
<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Collision and Specified Causes of Loss <input type="checkbox"/> Collision and Comprehensive (where available)
Additional Auto Physical Damage Coverages Desired	
<input type="checkbox"/> Additional Towing Limit \$ _____	(in the event of a total loss to the described unit) \$2,500 included
<input type="checkbox"/> Trailer Interchange Limit \$ _____	Minus \$1,000 Deductible (UIIA container haulers)
<input type="checkbox"/> Non-Owned Trailer Limit \$ _____	Minus \$1,000 Deductible (coverage applies only while attached to a scheduled power unit)

Motor Truck Cargo Coverage Selection	
Please select the desired form: <input type="checkbox"/> Standard <input type="checkbox"/> Preferred	
Limit Desire Per Vehicle \$ _____	Deductible Desired <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Units that require specific limits other than above, please indicate below.	
Unit No.	Desired Limit
_____	\$ _____
Unit No.	Desired Limit
_____	\$ _____
Additional Cargo Coverages or Endorsements Desired	
<input type="checkbox"/> Refrigeration Breakdown - \$2,500 minimum deductible required	<input type="checkbox"/> Removal of Coinsurance Clause <input type="checkbox"/> Removal of Commodities Theft
<input type="checkbox"/> Earned Freight Increase to \$ _____ (\$1,000 included)	<input type="checkbox"/> Debris Removal Increase to \$ _____ (\$25,000 included)

Truckers General Liability Coverage Selection	
Desired Limits	General Aggregate - please select one <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$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.	
<input type="checkbox"/> Yes <input type="checkbox"/> 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

Please indicate any additional changes not listed above:



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MVR and Credit Report Acknowledgement

I authorize Canal Insurance Company to obtain a copy of any Motor Vehicle Report for rating/underwriting insurance. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

Disclosure: In connection with any application for commercial automobile insurance, Canal Insurance Company 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 for any purpose other than the underwriting of your commercial automobile insurance policy.

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 be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal.

I authorize Canal Insurance Company 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 Insurance Company.

Acknowledgement and Signature

I hereby represent that the information contained on this form is true and agree that my fraudulent or material misrepresentation, omissions, concealment of facts or incorrect statements may result in denial of coverage for a loss and may constitute reason for the company to cancel any policy issued on the basis of the information contained herein.

Signature of Insured X Title or Relationship to Insured _____

Type or Print Insured Name _____ Date _____

Signature of AGENT of the Insured X _____

In the states of Rhode Island and Nevada, please forward a signed and completed supplemental application if there is liability coverage and a previous UM/UIM offer was rejected. In Louisiana: If Bodily Injury limits are changed at any time on an existing policy for any reason, it is required that the insured be presented with the supplemental application at renewal and be given the opportunity to select or reject limits previously chosen.

Premium Calculations (agent use only)

Coverage	Premium	Canal Use Only		
Auto Liability		New Policy Number		
Auto Physical Damage				
Motor Truck Cargo				
Truckers General Liability		Deposit or Down Payment	Number of Installments	Amount Enclosed
TOTAL:				