

"AUTO WHEELS" APPLICATION FORM

CHES Special Risk Inc. PO Box 78034 Merilene, Nepean, ON K2E 1B1 | 613-745-6100 | 1-416-452-7850 | Claims Reporting: 1-844-384-0867

Name of Applicant: _____

Address: _____

Address of Principal Terminal (if other than above): _____

Radius of Operation: _____

Miles between following principal cities: _____

Type of Cargo carried: _____

Number of years in this business: _____

Number of years in this business: _____

Vehicle(s) legally owned by: _____

Loss payable to: _____

Name of previous Carrier: _____

Name of Carrier of Public Liability and Property Damage Insurance: _____

Has Applicant had previous Fire, Theft and Collision Automobile Insurance Cancelled: Yes No

If so, state date, name of Insurance Company and reasons for cancellation: _____

Is Vehicle(s) Owner-Driven? Yes No

If drivers are employed, what investigations are made? _____

If more than one Vehicle covered, what is the estimated maximum possible terminal loss? _____

Amount of Deductible(s) on Collision: _____

Will you ever use hired equipment? Yes No

Will any of your equipment ever be loaned or rented to others? Yes No

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Do you own or use Trucks / or Trailers other than those listed under item 20 below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify vehicles and state reasons why insurance is not required:	
Is equipment regularly inspected and serviced?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, at what periods?	
Board fire rate for terminal premises:	

Premiums and Losses sustained by Applicant in the last five years:					
LOSSES					
YEAR	PREMIUMS	FIRE	THEFT	COLLISION	ANY OTHER PHYSICAL LOSS

Description of Vehicle (specify Truck, Tractor, Trailer, Semi):

								Original Cost New
Item No.	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi)	Serial No.	Motor No.	Gas (G) or Diesel (D)	Plus Equipment alterations & Addition	Amount of Insurance Desired
1								
2								
3								
4								
5								

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This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said insurance and in accordance with all terms thereof and the said Applicant hereby are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

SIGNED AT:

Date:

By:

Applicant Witness:

(APPLICANT)

Broker

(Applicant should state official position)

Location of Brokerage: