

1. Full legal name of applicant: \_\_\_\_\_  
\_\_\_\_\_
2. Mailing address of applicant: \_\_\_\_\_  
\_\_\_\_\_
3. Details of applicant's most recent automobile insurance:  
Insurer: \_\_\_\_\_  
Policy No.: \_\_\_\_\_  
Expiry date (Y/M/D): \_\_\_\_\_
4. Has any insurer, to the knowledge of the applicant, cancelled, declined or refused to renew or issue automobile insurance within the THREE years preceding this application? If so, state name of insurer, policy number, and advise reason:  
Insurer: \_\_\_\_\_  
Policy No.: \_\_\_\_\_  
Reason: \_\_\_\_\_
5. Has the applicant had any losses in the last 5 years? If so, please advise: \_\_\_\_\_  
\_\_\_\_\_
6. How many years has business been in operation? \_\_\_\_\_
7. Please provide address for principle terminal where units are stored: \_\_\_\_\_  
\_\_\_\_\_
8. Please advise of any details for fire and theft precautions at terminal: \_\_\_\_\_  
\_\_\_\_\_
9. Are drivers allowed to take any of the units home over night? If so, which units and which drivers?  
\_\_\_\_\_
10. Have all drivers had at least 3 years commercial driving experience? If not, please advise:  
\_\_\_\_\_
11. Is any driver subject to fainting spells, dizziness or loss of consciousness? If so, please advise:  
\_\_\_\_\_
12. Has any driver ever suffered from a heart disorder, epilepsy, diabetes, defective vision or hearing, or any other physical or mental disability which might affect the safe operation of a vehicle? If so, please advise: \_\_\_\_\_  
\_\_\_\_\_





