



COMMERCIAL VEHICLE SUPPLEMENT

POLICY NUMBER

INSURANCE COMPANY **Wawanesa Mutual Insurance Company**

INSURED	BROKER /AGENT	BROKER/AGENT CLIENT ID#
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ADDRESS

1. BUSINESS OF INSURED	
IBC INDUSTRY CODE:	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.	YEAR	MAKE	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE	AUTO NO.	YEAR	MAKE
PRIMARY BUSINESS USE													
GARAGING LOCATION (SEE SECTION 2)		LOC #			LOC #			LOC #			LOC #		
FOR ALL OPERATORS OF THIS TYPE OF VEHICLE, MINIMUM YEARS OF DRIVING EXPERIENCE FOR VEHICLE OR SIMILAR TYPE OF VEHICLE		YRS. OF EXP.			YRS. OF EXP.			YRS. OF EXP.			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 AND PERCENTAGE 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"/>

HAULING FOR OTHERS			
HAULING DONE FOR OTHERS? IF SO, PROVIDE FREQUENCY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY	<input type="checkbox"/> NEVER <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY

RADIUS OF OPERATION			
NORMAL OPERATING DISTANCE - ONE WAY	KMS	KMS	KMS
% OF TOTAL TRIPS	%	%	%
MAXIMUM OPERATING DISTANCE - ONE WAY	KMS	KMS	KMS
% 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"/>
MOST COMMON DESTINATIONS - LIST CITIES AND STATES			
NUMBER OF KILOMETERS FROM THE BORDER			
NUMBER OF TRIPS PER MONTH			
NUMBER OF CONSECUTIVE DAYS			
ANNUAL USE %	%	%	%

