

Deductible Buydown and Downtime Underwriting Survey

Return completed survey via email to: Northbridge General Insurance Corporation OR buydown@nbfc.com

(ATTENTION: Speciality Risk Department)

1. Name of Applicant (or Insured):

(include all operating names and subsidiaries) _____

2. Postal Address: _____

Phone #: _____

3. Home Base and Branch locations: _____

4. Number of years in business: _____

5. Vehicles:

Attach lists for power units and trailers, separately, providing:

(i) Unit Number, (ii) Year, (iii) Make, (iv) V.I.N., (v) Value, (vi) Owner, (vii) Owner's S.I.N.

6. Drivers:

Attach lists of employees and owner/operators, separately, providing:

(i) Name, (ii) Driver's licence number and issuing province.

7. Radius of operations (percentage): _____ %

0-100km

_____ % 101-500 km

_____ % over 500 km

8. Area of operations:

(i) Canada: List Provinces where vehicles are operated.

(ii) U.S.A.: List States and Major Cities where vehicles are operated; and identify main area(s) of operations.

9. Describe goods carried by percentage: (if temperature related specify)

(i) _____ %

(ii) _____ %

(iii) _____ %

(iv) _____ %

(v) _____ %

10. Describe in detail any goods carried that are considered dangerous goods:

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11. Cargo value (if cargo coverage requested):

Average value: \$ _____ Maximum value: \$ _____

12. Loss history:

Attach claims details for the past 5 years (minimum 3 years), including current carrier loss run, for your automobile policy and cargo policy (if cargo coverage requested), separately. Include (i) date of loss, (ii) description of loss, (iii) driver, (iv) gross claim amount, (v) deductible amount, (vi) net claim amount. Include gross and net claim amount totals for each policy year. Also include the number of vehicles operating during each policy year.

13. Name automobile insurance carrier and cargo insurance carrier (if cargo coverage requested) for the past 3 years:

- (i)
- (ii)
- (iii)

14. Loss control:

(i) Do you have a Fleet Safety Supervisor? Yes No

If Yes, for how many years _____

(ii) Attach a description of the loss prevention program currently in force including driver and maintenance programs

(iii) What is your practice pertaining to drivers with excess of 1 claim in 12 month period?

15. Current Policy detail:

(i) Automobile:

a. Carrier _____

b. Deductible \$ _____

(ii) Trailer:

a. Carrier _____

b. Deductible \$ _____

(iii) Cargo:

a. Carrier _____

b. Deductible \$ _____

16. Deductible Buy Down Request:

(i) Date insurance to be effective _____

(ii) Power Unit Deductible requested \$ _____

(iii) Trailer Unit Deductible requested \$ _____

(iv) Cargo Damage Deductible requested \$ _____

(v) Third Party Deductible requested
Bodily Injury/Property Damage \$ _____

Select Aggregate Deductible Buy Down Level (Deductible of) \$ _____

17. Comments and any other information: _____

18. Broker's Name and Address: _____