



Lackner McLennan Insurance Ltd Commercial Auto & Fleet Information



Canadian Ground Water General Insurance Program Automobile & Fleet Information

Contact and Mailing Information				
Legal Named Insured			Contact Name	
Mailing Address:	#/Street	City	Prov.	Postal Code
Insured Location #1: (If different than above)	#/Street	City	Prov.	Postal Code
Insured Location #2: (If second location required)	#/Street	City	Prov.	Postal Code
Business Telephone:		Business Fax:		
Insurance Brokerage Name:		and	Brokerage Contact:	
Insurance Brokerage Address:	#/Street	City	Prov.	Postal Code
Brokerage Telephone:		Brokerage Fax:		

Company and Coverage Information		
Contractors CVOR # (If Applicable)	Contractors RIN# (If Applicable)	Present Automobile Insurer
Present Liability Limit	Automobile Insurance Expiry Date	Present Automobile Policy Number
Please Note: Canadian Well Drillers insurance Program deductibles will be used when quoting your insurance and will be explained at that time.		Present Automobile Premium

Driver / Operator Information						
Driver / Operator Name*	License No.#	Date of Birth	Date Licensed	Date Employe	Vehicles Operated	Tickets or
						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"/>
						Yes. <input type="checkbox"/> No. <input type="checkbox"/>
						Yes. <input type="checkbox"/> No. <input type="checkbox"/>
						Yes. <input type="checkbox"/> No. <input type="checkbox"/>
(Example) John Drilling Contractor	CON55-67890-3245	June 01, 1961	Date First Licensed	Date First Employe	No.'s of Vehicles	Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/>

Proud Member of:



Proud Member of:



*Should additional space be required to list Driver / Operator information please use remarks section on next page.

**Should you answer Yes to Tickets and/or Claims for any driver explain details in appropriate sections on next page



Lackner McLennan Insurance Ltd.
450 Frederick Street, 3rd. Floor, Kitchener, Ontario N2H 2P5
Tel: (519)-579-3330 or (800)265-2625 Fax: (519)579-1151

Vehicle Information & Description

The description of the vehicles and attached equipment you include below and the information regarding drivers, tickets, claims and previous history is very important and should be completed in full. This information will allow us to formulate an insurance quotation which will reflect your actual exposure and will give the best possible coverage for the price you pay. Should you not have sufficient space to give us

Auto No.	Model Year	Trade Name (Make/Model/Description)	Vehicle Type	V.I.N. / Serial No.	Description of Permanently Attached Equipment	Declared Value*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Example	1998 Or 2001	International Navistar or Ford 9000 or GMC 1500 or Ford F250	Cab & Chassis or Flat Deck or	1ABC23DEFG456H789	Ingersol Rand Drill Rig or Water Tank, & Welder, or Pump Puller	Give Value of what vehicle is

* **Declared Value:** Is the value you put on your commercial vehicle due to it's special use and it's well kept condition. This value will be the value used in determining what would be paid in the event of a loss and not the normal depreciated

Automobile Claims & Accident History (Last 6 Years)

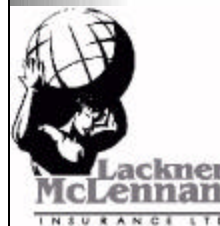
Date of Accident,	Complete Description of Accident, Claim or Loss	Amount of

Ticket and Conviction History (Last 3 Years)

Driver Name	Description of Ticket or Infraction	Date of Ticket

Additional Remarks or Information

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