

Motor Truck Cargo Renewal Application

Applicant Information

Named Insured: <input style="width: 95%;" type="text"/>	Policy Number: <input style="width: 95%;" type="text"/>
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1. Please state your annual revenue split by business operations activities for both the previous financial year **and** the predicted current year.

Business Operation	Canadian Revenue		U.S. Revenue		Other Revenue	
	Previous	Current	Previous	Current	Previous	Current

2. Indicate the number of employees and independent contractors in each of the following categories:

Professional Clerical Other

3. Have there been any significant changes to your business activities or to any other information supplied on your last application form?

Yes No If **yes**, please describe:

4. Since the inception of your current policy, have there been any changes to your operations, commodities hauled, operating radius/territory (including destinations or maximum distance travelled from your base of operations), cargo values carried, limits required, or any cargo losses, thefts, spoilage incidents, accidents, claims, or major driving convictions in the past 12 months?

Yes No If **yes**, please describe:

Declarations and Signature

I/We declare that after proper inquiry, the statements and particulars given above are true and that I/we have not misstated or suppressed any material fact.

I/We agree that this application form, together with any other material information supplied, will form the basis of any contract of insurance effected thereon.

I/We undertake to inform Agile Underwriting Solutions of any material alteration to these facts occurring before completion of the contract.

By signing this renewal application, the Insured confirms that all drivers meet the ASC Driver Eligibility Criteria outlined on the policy or has disclosed any exceptions to Agile Underwriting Solutions.

Applicant's Signature	Date
Print Name	Title/Position