



# Line of Business Endorsement Request Form

Policy Number \_\_\_\_\_ Named Insured \_\_\_\_\_

Request Effective Date \_\_\_\_\_ (coverage cannot be added prior to the date and time request is received by Canal's Agent)

Indicate Additional Lines of Business Desired (for UM/UIM/PIP separate forms are required to be signed and completed)

- Auto Liability
- Auto Physical Damage
- Motor Truck Cargo
- General Liability
- UM/UIM/PIP Accept/Reject Forms

### Auto Liability

Limit(s) Desired \$ \_\_\_\_\_

### Auto Physical Damage

Coverage Desired  Collision and Specified Causes of Loss  Collision and Comprehensive (where available)

Deductible Desired- Please select one  \$500  \$1,000  \$2,500  \$5,000 (submit for approval)

### Additional Coverages Desired

- Additional Towing Limit \$ \_\_\_\_\_ (in the event of a total loss to the described unit) \$2,500 included
- Trailer Interchange Limit \$ \_\_\_\_\_ Minus \$1,000 Deductible (UIIA container haulers)
- Non-Owned Trailer Limit \$ \_\_\_\_\_ Minus \$1,000 Deductible (coverage applies only while attached to a scheduled power unit)

Model Year	Make and Unit Type	Serial Number	Physical Damage Limit	Owner Type	Name and Complete Address of Loss Payee

\*O=Owned by Named Insured, L=Owned by Leasing Company (long term lease without a driver), W=Owned by Owner Operator, E=Owned by Employee of Named Insured (officer)

### Motor Truck Cargo

Coverage Desired:  Preferred  Standard

Limit Desired \_\_\_\_\_ Deductible Desired- Please select one

Per Vehicle \$ \_\_\_\_\_  \$500  \$1,000  \$2,500  \$5,000 (submit for approval)

Units that require specific limits, please indicate below.

Model Year	Make and Unit Type	Serial Number	Desired Limit	Model Year	Make and Unit Type	Serial Number	Desired Limit

### Commodities Transported

%	Type	Average Value	Max Value	%	Type	Average Value	Max Value

### Additional Coverages Desired

- Refrigeration Breakdown- \$2,500 minimum deductible required
- Earned Freight Increase to \$ \_\_\_\_\_ (\$1,000 included)  Debris Removal Increase to \$ \_\_\_\_\_ (\$25,000 included)
- Removal of Coinsurance Clause  Removal of Commodities Theft

**Truckers General Liability-** This is for General Liability Coverage on businesses solely involved in "for-hire" transportation of property. Please attach a separate list of all premises owned or rented.

### Desired Limits

General Aggregate- please select one  \$1,000,000  \$2,000,000 Each Occurrence \$1,000,000 (included)

### Desired Deductible

Please select one desired property damage deductible. The deductible applies to "property damage" and supplemental expense. A \$1,000 per occurrence deductible is the minimum required deductible for bulk fuel haulers.

- None  \$1,000  \$2,000  \$3,000  \$5,000  \$10,000  \$15,000  \$20,000  \$25,000

### Employers Liability (Stop Gap) Coverage

Applicable only in ND, OH, WA and WY. Please select either Yes or No for \$1,000,000 limit of each

- Yes  No Bodily Injury by Accident- each accident  Bodily Injury by Disease- each employee  Bodily Injury by Disease- each policy