



CANAL Canal Truck Renewal/Anniversary Update Form

MVR and Credit Report Acknowledgement

I hereby authorize Canal Insurance Company and/or the Producing Agent to obtain from the **Arkansas Office of Driver Services** a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

Disclosure: In connection with any application for commercial automobile insurance, Canal Insurance Company may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit-based insurance score will not be used for any purpose other than the underwriting of your commercial automobile insurance policy.

Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal.

I authorize Canal Insurance Company to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with Canal Insurance Company.

Acknowledgement and Signature

I hereby represent that the information contained on this form is true and agree that my fraudulent or material misrepresentation, omissions, concealment of facts or incorrect statements may result in denial of coverage for a loss and may constitute reason for the company to cancel any policy issued on the basis of the information contained herein.

ARKANSAS FRAUD WARNING

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Insured X Title or Relationship to Insured _____

Type or Print Insured Name _____ Date _____

Signature of AGENT of the Insured X

Premium Calculations (agent use only)

Coverage	Premium	Canal Use Only		
Auto Liability		New Policy Number		
Auto Physical Damage				
Motor Truck Cargo				
Truckers General Liability		Deposit or Down Payment	Number of Installments	Amount Enclosed
TOTAL:				

INSURANCE COMPANY
 INDEMNITY COMPANY

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name _____

2. DBA, if any _____

ARKANSAS FRAUD WARNING

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

AUTHORIZATION FOR MOTOR VEHICLE REPORTS

I hereby authorize Canal Insurance Company and/or the Producing Agent to obtain from the **Arkansas Office of Driver Services** a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting; and I hereby certify that the information above is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any restrictive and/or Exclusion Endorsement Text, which is included on the application and signed by me, shall become a part of the policy.

Date Application Completed _____

Signature of Agent of Applicant _____

Signature of Applicant _____ **X**

Address of Agent _____

Continued Next Page

UNINSURED MOTORIST SELECTION / REJECTION

In accordance with **Arkansas** statutes, your policy will contain Uninsured Motorist Bodily Injury (UMBI) coverage of 25/50 unless you reject it. You may also choose limits up to your bodily injury liability limits. You may also request Uninsured Motorist Property Damage (UMPD) coverage up to your property damage liability limits or reject it. UMPD cannot be purchased alone. If UMBI is rejected, UMPD must be rejected also.

You have the option of choosing UMBI Only, UMBI/PD \$25,000, UMBI/PD \$50,000 **or** UMBI/PD \$100,000. Please indicate your selections below by initialing next to your choice in the appropriate table below or on the following pages. **These elections require payment of additional premium.**

Uninsured Motorist – Bodily Injury Only

Initial	Limit – BI Only per person/per accident (000)	Premium (\$)
_____	25/50	25
_____	50/50	30
_____	25/100	66
_____	50/100	75
_____	100/100	85
_____	100/300	100
_____	300/300	155
_____	350/350	175
_____	400/400	190
_____	500/500	230
_____	600/600	315
_____	750/750	395
_____	1,000/1,000	440

Uninsured Motorist – Bodily Injury and \$25,000 Property Damage Limit

*UMPD has a \$200 deductible

Initial	Limit – BI per person/per accident/ PD per accident (000)	Premium (\$)
_____	25/50/25	55
_____	50/50/25	60
_____	25/100/25	96
_____	50/100/25	105
_____	100/100/25	115
_____	100/300/25	130
_____	300/300/25	185
_____	350/350/25	205
_____	400/400/25	220
_____	500/500/25	260
_____	600/600/25	345
_____	750/750/25	425
_____	1,000/1,000/25	470

Continued Next Page

(Applicant's Initials)

Uninsured Motorist – Bodily Injury and \$50,000 Property Damage Limit

*UMPD has a \$200 deductible

Initial	Limit – BI per person/per accident/ PD per accident (000)	Premium (\$)
_____	25/50/50	64
_____	50/50/50	69
_____	25/100/50	105
_____	50/100/50	114
_____	100/100/50	124
_____	100/300/50	139
_____	300/300/50	194
_____	350/350/50	214
_____	400/400/50	229
_____	500/500/50	269
_____	600/600/50	354
_____	750/750/50	434
_____	1,000/1,000/50	479

Uninsured Motorist – Bodily Injury and \$100,000 Property Damage

*UMPD has a \$200 deductible

Initial	Limit – BI per person/per accident/ PD per accident (000)	Premium (\$)
_____	25/50/100	72
_____	50/50/100	77
_____	25/100/100	113
_____	50/100/100	122
_____	100/100/100	132
_____	100/300/100	147
_____	300/300/100	202
_____	350/350/100	220
_____	400/400/100	237
_____	500/500/100	277
_____	600/600/100	362
_____	750/750/100	442
_____	1,000/1,000/100	487

Please initial your choice below that corresponds with your choice made in one of the above tables.

_____ I am rejecting all offers of Uninsured Motorist Coverage; or

_____ I am selecting Uninsured Motorist Bodily Injury Coverage only; or

_____ I am selecting Uninsured Motorist Bodily Injury Coverage with \$25,000 Property Damage; or

_____ I am selecting Uninsured Motorist Bodily Injury Coverage with \$50,000 Property Damage; or

_____ I am selecting Uninsured Motorist Bodily Injury Coverage with \$100,000 Property Damage.

Applicant Signature

Date

Continued Next Page

Applicant's Acknowledgement

The undersigner hereby acknowledges they have read, or have had read to them and understand, the above explanations and offers of Uninsured Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage. Selections have been made by initialing the appropriate lines above. The signature appearing below is that of the named insured or authorization has been given to the signer of this Offer of Uninsured Bodily Injury Coverage and Uninsured Motorist Property Damage Coverage to select or reject coverage and limits on the behalf of the named insured.

YOUR SELECTION OR REJECTION OF COVERAGE IS BINDING ON ALL PERSONS INSURED UNDER THIS POLICY.

Applicant /Named Insured: _____ Date: _____
By: _____
Title: _____

Signature of Agent of Insured: _____ Date: _____
Address: _____
