

MARKEL INSURANCE COMPANY OF CANADA

ADDITIONAL CARRIER

THIS FORM MUST BE DULY COMPLETED TO ADD AN ADDITIONAL CARRIER TO YOUR INSURANCE POLICY.

INFORMATION ON THE INSURED

NAME OF THE INSURED:	
INSURANCE POLICY NUMBER:	
EFFECTIVE DATE OF THE ADDITION OR CHANGE:	

INFORMATION ON THE ADDITIONAL CARRIER'S COMPANY

COMPANY NAME: →		
NAME OF THE OWNER: →		
ADDRESS OF THE CARRIER: →		
PREVIOUS INSURER: →		
POLICY NUMBER OF THE PREVIOUS INSURER:		
NAMES OF THE DRIVERS:	DRIVER'S PERMIT NUMBER	YEARS OF EXPERIENCE IN A TRUCKING COMPANY
#1:		
#2:		
IS THIS CARRIER SOLELY FOR THE INSURED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VEHICLES: → →		
→ →		
→ →		

CREDITOR <input type="checkbox"/>	LESSOR <input type="checkbox"/>	PURCHASE/LEASE AGREEMENT <input type="checkbox"/>
NAME: → →		
ADDRESS: → →		

PLEASE SEND US AN UPDATED LOSS RATIO FOR THE PAST THREE (3) YEARS AND THE DRIVERS' DRIVING RECORDS (M.V.R.)

DATE:	SIGNATURE:
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