



### Canal Renewal/Anniversary Update Form

Entire Form Must Be Completed and Signed

Insured Legal Name		Current Policy Number
Renewal Date	*Tax Identification Number	DOT Number

\*If provided certificates can be accessed from [www.canal-ins.com](http://www.canal-ins.com) 24 hours a day.

#### Have there been any changes to any of the following?

- |                              |                             |                                       |                              |                             |                         |
|------------------------------|-----------------------------|---------------------------------------|------------------------------|-----------------------------|-------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Company Name or Insured's Legal Name  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commodities Transported |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Physical Address or Garaging Location | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Maximum Radius Hauled   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Business Class or Operations          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Area of Operations      |

Please explain all "Yes" answers

Please review the original application and indicate any changes below.

#### It is only necessary to complete the following for Cargo and Auto Liability

Canal requires all owned, leased and operated units to be scheduled when an MCS-90 or filings are issued. Are all owned, leased and operated equipment scheduled on the policy?

- Yes  No

If no, please explain

#### It is only necessary to complete the following for Auto Liability

Are all drivers scheduled on the policy?

- Yes  No

If no, please explain

In the states of Rhode Island and Nevada, please forward a signed and completed UM/UIM supplementary application if there is liability coverage and a previous UM/UIM offer was rejected. For all gross receipts and gross mileage policies please submit as required by Canal.

Signature of Insured X  
 \_\_\_\_\_

Type or print Insured name  
 \_\_\_\_\_

Title or relationship to Insured  
 \_\_\_\_\_

Date  
 \_\_\_\_\_

Signature of AGENT of the insured X  
 \_\_\_\_\_