

## **British Columbia Filing Questionnaire**

To review your request for a British Columbia filing the following information is required:

	a will the insured be traveling to?	
City	Percentage of Trips	
What type(s) of loads w	vill they be transporting to and from Canada?	
How often will they travel to Canada?		
What type of experienc	ce does the insured driver(s) have in driving in	Canada?
with British Columbia/C	s responsibility to verify that the filing and all r Canada. ATM and Dongbu will not be respons the insured's travel to British Columbia/Canad	ible for any fees, fines or other
with British Columbia/C charges resulting from the If approved there will b cancelled for any reason	Canada. ATM and Dongbu will not be respons	ible for any fees, fines or other a. y earned and should the policy be he policy. We will need
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Date

**Producers Signature**