

COMMERCIAL AUTO INSURANCE - NON-FLEET

GENERAL INFORMATION

Requested effective date: / /		Term: 1 year	
Name of applicant:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other (explain)			
Mailing address:			
Principal garaging address:			
Other terminal locations:			
Phone #:		Email:	Website:
Federal Tax ID # or S.S. #:		US DOT #:	
# of years experience in trucking business:		Business start date: / /	
Have you ever operated under a different name? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide name(s):			
Have you ever had truck insurance under another name? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide name and DOT # Name: DOT #:			

COVERAGES REQUESTED

COMMERCIAL AUTO LIABILITY

<input type="checkbox"/> Primary	<input type="checkbox"/> Non-trucking	Combined Single Limits \$			
<input type="checkbox"/> Hired Auto Liability		Estimated Cost of Hire:	<input type="checkbox"/> Non-Ownership Liability		# of employees:

UNINSURED/UNDERINSURED MOTORISTS, NO-FAULT AND MEDICAL PAYMENTS

A signed supplemental application is required prior to binding

<input type="checkbox"/> Uninsured Motorist	\$	<input type="checkbox"/> Underinsured Motorist	\$
<input type="checkbox"/> Personal Injury Protection	\$	<input type="checkbox"/> Medical Payments	\$

PHYSICAL DAMAGE

<input type="checkbox"/> Specified Perils \$	deductible	<input type="checkbox"/> Comprehensive \$	deductible
<input type="checkbox"/> Collision \$	deductible	<input type="checkbox"/> Combined Physical Damage deductible	
<input type="checkbox"/> Tow coverage for mechanical breakdown			
<input type="checkbox"/> EXTRAS Endorsement			
<input type="checkbox"/> Non-owned trailer while attached to a covered power unit		Value max \$	Number of trailers:
<i>Total Insured Values:</i> \$			
<input type="checkbox"/> Trailer interchange value \$		Number of trailer days:	

CARGO

<input type="checkbox"/> Limit \$	<input type="checkbox"/> Deductible \$		
<input type="checkbox"/> Broad Form Motor Truck Cargo	<input type="checkbox"/> Motor Truck Cargo Legal Liability	<input type="checkbox"/> Motor Truck Cargo - Owners Goods	
Higher limit required for specific shipper? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, shipper name:			
Commodity limit: \$		% of loads hauled at higher limit: %	

GENERAL LIABILITY

Coverage provided will be for truckers class code 99793 only. A separate GL supplement is required.

<input type="checkbox"/> General aggregate \$	<input type="checkbox"/> Each occurrence \$		
<input type="checkbox"/> Products/Completed Ops \$	<input type="checkbox"/> Personal & advertising injury \$		
<input type="checkbox"/> Fire damage legal liability \$	<input type="checkbox"/> Premises medical expense \$	(each person) \$	(each acc)

OPERATIONAL

Private Carrier Common Carrier Contract Carrier Other (explain)

Radius of operation: 0-100 miles: % 101-300 miles: % 301-600 miles: % Over 600 miles: %

Attach the most recent one year of IFTA's and include a summary.

Indicate cities traveled into or through:

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Las Vegas | <input type="checkbox"/> Nashville | <input type="checkbox"/> Pittsburgh |
| <input type="checkbox"/> Baltimore/Wash | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New York City | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> Oakland | <input type="checkbox"/> Salt Lake City |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Orlando | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Minneapolis/St. Paul | <input type="checkbox"/> Phoenix | <input type="checkbox"/> Tampa |

Cities other than above or regular routes:

Counties:

- FL: Dade Broward Duval
- IL: Cook Dupage Lake Will
- NY: Sullivan Ulster Dutchess Orange Putnam Rockland Westchester
- Suffolk Bronx Queens Kings Richmond Nassau

	# Units	Mileage	Receipts
Estimate for next policy year			
Expiring policy year			
2 nd previous policy year			
3 rd previous policy year			

LEASED, SUB-LEASED, HIRED, RENTED, LOANED AND BORROWED EQUIPMENT

Do you sub-haul, lease, hire, rent or borrow equipment **from** others?

Tractors? yes no Trucks? yes no Trailers? yes no

If yes, is the equipment permanently leased (30 days or longer)? yes no Short term or trip leased? yes no

If permanently leased, is it included on the equipment schedule? yes no

If short term or trip leased, what is the annual estimated cost of hire? \$

Who is responsible to provide insurance on the leased, rented or loaned equipment?

Under whose bill of lading is the shipment moved?

If yes to any of the above, provide an example of the agreements and explain:

Do you lease, rent or loan equipment **to** others?

Tractors? yes no Trucks? yes no Trailers? yes no

If yes, is it a long term lease of 30 days or more? yes no Short term or trip leased? yes no

Do you require a written lease agreement? yes no

Does the written agreement include a hold harmless agreement? yes no

Who is responsible to provide insurance on the leased, rented or loaned equipment?

Under whose bill of lading is the shipment moved?

If yes to any of the above, provide an example of the agreements and explain:

NEW VENTURE

If this is a new venture, provide the following for the past three years

Name of Employer	Address	Phone Number	Employed	
			From:	To:
		- -	/ /	/ /
		- -	/ /	/ /
		- -	/ /	/ /

Do you object to us verifying this information? yes no

DRIVER INFORMATION

Name	Date of Birth	Driver's License #	State	# Years Experience	Date of Hire	Within past 3 years	
						# Accidents	# Traffic Violations
	/ /				/ /		
	/ /				/ /		
	/ /				/ /		
	/ /				/ /		
	/ /				/ /		

Provide details of all accidents:

Number of company drivers: _____ Owner/Operators: _____ Full-time: _____ Part-time: _____

Do you hire any drivers with less than 2 years CDL experience? yes no

Do you check MVR's prior to hiring? yes no Do you check prior employment? yes no

Do you require an annual physical? yes no Are all employees covered by Workers Compensation? yes no

Are drivers drug tested prior to hire? yes no Is random drug testing done after hire? yes no

Do you agree to promptly report all driver changes to company or agent? yes no

Do you use any team, hot seat, slip seating or relay driver operations? yes no Do you utilize PSP? yes no

Do you allow company drivers or owner/operators to carry passengers? yes no
 If yes, attach a copy of passenger policy or explain the limitations and requirements:

COMMODITIES

Commodity	Percent of Loads	Average Value	Maximum Value
	%	\$	\$
	%	\$	\$
	%	\$	\$

Do you haul hazardous materials? yes no

Do you haul containers or containerized freight? yes no If yes, what % of your operation? %

Do you act as a freight-broker or freight-forwarder or arrange loads for others? yes no
 If yes, brokerage name: _____ Annual brokerage revenue: \$ _____ Brokerage MC#: _____

Do you pull - Double trailers? yes no Triple trailers? yes no Trains? yes no

Do you operate mobile equipment subject to compulsory or financial responsibility laws or other motor vehicle insurance law in the state where it is licensed or principally garaged? yes no

EQUIPMENT SCHEDULE

Number of each

Type	Owned	Leased w/o Drivers	Owner/Operators	Local 0-100	Intermediate 101-300	Long Haul 301-600	Long Haul >600
Light Trucks							
Medium Trucks							
Heavy Trucks							
Extra Heavy Truck/Tractors							
Dump Trucks							
Semi-Trailers							
Full Trailers							
Tank Trailers							
Dump Trailers							
Other							

SCHEDULE OF UNITS

List all units used in the operation of the Named Insured's business. All units owned by the Named Insured must be covered.

Unit #	Model Type	Year	Make/Model	Stated Value	Gross Vehicle Weight	Vehicle Identification Number
1				\$		
2				\$		
3				\$		
4				\$		
5				\$		

Model type: PU-Pickup; SRV-Service; TRK-Truck; TT-Tractor; TRLR-Semi-trailer; TRLRF-Full trailer; DTRK-Dump truck; TRLRD-Dump trailer; Refer-Refrigeration unit; Other

Are any units equipped with refrigeration units? yes no
 If yes, identify by unit and furnish year and serial number of refrigeration unit on the schedule of equipment.

Is special equipment mounted or attached to any of these units? yes no
 If yes, identify unit and describe equipment:

Is all equipment owned or operated under the applicant's authority scheduled above on this application? yes no
 If no, explain:

Do you agree to report all newly acquired equipment to the insurance company? yes no
 Do you agree to report all leased equipment to the insurance company? yes no
 Do you agree to report all gross revenue for short term or hired equipment to the insurance company? yes no

LIEN HOLDERS & LESSORS

Unit(s)	Name	Address	City	State	Zip

ADDITIONAL INTERESTS

Name & address	Coverage	Reason
Name & address	Coverage	Reason

SAFETY PRACTICES

Do you have a formal safety program? yes no If yes, please include a copy with this application.

Person in charge of safety - Name: _____ Title: _____ Phone #: _____
 Email: _____ Other duties: _____

Are your trucks equipped with speed governors? yes no If yes, set at what speed?

Do you use electronic logs? yes no If yes, describe:

Do you use any satellite tracking systems? yes no If yes, describe:

Does your safety program include safe driving incentive awards? yes no If yes, describe:

Do you agree to report all claims immediately to the company claims department? yes no

Remarks:

PREVIOUS INSURANCE HISTORY

COMMERCIAL AUTO LIABILITY

Policy Term		Company	Policy #	# of Claims	Amount Incurred
From	To				
/	/				\$
/	/				\$
/	/				\$

PHYSICAL DAMAGE

Policy Term		Company	Policy #	# of Claims	Amount Incurred
From	To				
/	/				\$
/	/				\$
/	/				\$

CARGO

Policy Term		Company	Policy #	# of Claims	Amount Incurred
From	To				
/	/				\$
/	/				\$
/	/				\$

GENERAL LIABILITY

Policy Term		Company	Policy #	# of Claims	Amount Incurred
From	To				
/	/				\$
/	/				\$
/	/				\$

Describe any claim(s) over \$25,000, in detail:

Attach currently valued company loss runs for the past three years. Three years minimum are required.

FILINGS

Are filings required? yes no If yes, list all state & permit numbers where filings are required.

Liability state & permit number:

If filing in the following states, provide the necessary information:

Florida, FEIN #: Pennsylvania, A#: Texas, Texas DOT #: Virginia, T#:

Any special filings such as oversize, overweight, city permits? yes no If yes, explain:

Has your insurance coverage ever been cancelled, refused or non-renewed? yes no

NOT APPLICABLE IN MISSOURI

If yes, give company name, date and reason:

PLEASE READ *** FRAUD WARNING ***** PLEASE READ**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

In connection with the processing of this Application, the Company may undertake an investigation of the credit worthiness of the Applicant and other matters contained herein. By signing this Application, Applicant authorizes Company to undertake such investigations which may include contacting credit references and others with knowledge of Applicant's affairs.

This Application shall not be binding unless and until a policy is issued and a down payment made and then only as of the commencement date of the policy and in accordance with the terms of this Application and of the policy. The Applicant hereby covenants and agrees that the statements and answers contained in this Application are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant. This Application and the information provided herein are made the basis and the condition of the insurance, and are representations on the part of the insured. Material or fraudulent representations may prevent recovery on the policy.

If the laws or regulations of any city, county, regulatory body, state or states in which the Applicant intends to operate or of the Department of Transportation or Federal Motor Carrier Safety Administration require a special endorsement or rider to be attached to the policy, the Applicant hereby agrees that if the Company shall be obliged to pay any claim which it would not have been required to pay except for such endorsement or rider, the Applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs and expenses paid in connection with such claim, and expenses incurred by the Company in enforcing the terms of this Application and the policy. The terms of this Application shall apply not only to the original policy or policies issued in connection with this Application, but also to any renewals or extensions thereof.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance provided by the Company is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

THE APPLICANT, BY HIS/HER SIGNATURE CONFIRMS FULL KNOWLEDGE OF ALL OF THE ABOVE, AND FULL KNOWLEDGE OF, AND ADHERENCE TO, CURRENT D.O.T. SAFETY REGULATIONS.

Applicant Signature

Applicant Name

Date

Agency Name

Agency Address

Agency Phone #

Agent Signature

Agent Name

Date