

## Truck Application

Name (and "dba")		Policy Term From:	To:
<input type="checkbox"/> Individual/Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		Business phone:	
Mailing Address:	City:	St:	Zip:
Premises Address:	City:	St:	Zip:
Person to contact for inspection (name and phone number)			
Have you ever had insurance with one of the companies listed at the top of this page? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, policy number(s)		Effective date(s)	

### Description Of Operations

Describe business

Years experience      New Venture? Yes  No       If you are a tow truck operation, do you do repossessions? Yes  No

Is this your primary business? Yes  No       If no, explain

Seasonal? Yes  No

Have you ever filed for bankruptcy? Yes  No       If yes, when      Explain

Gross receipts last year      Estimate for coming year      Business for sale? Yes  No

Do you operate in more than one state? Yes  No       If yes, list states

Do you haul for hire? Yes  No       Show largest cities entered

Do you operate over a regular route? Yes  No       If yes, show towns operated between

Are you a common carrier? Yes  No       Are you a contract hauler? Yes  No       If yes, for whom

List all types of cargo hauled

Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? Yes  No

If yes, provide complete listing identifying all material(s) and/or chemical content:

Do you haul your own cargo exclusively? Yes  No       Triple trailers? Yes  No

Do you rent or lease your vehicles to others? Yes  No       If yes, attach copy of rental or lease agreement form used.

Do you hire any vehicles? Yes  No       Complete Hired and Non-Owned Supplemental Questionnaire if coverage is desired.

### LIABILITY COVERAGE - Complete for desired coverages by indicating limits of insurance.

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED, REFER TO FOLLOWING PAGE. IF IN-TOW COVERAGE DESIRED, COMPLETE TOW TRUCK SUPPLEMENT. HIRED, NON-OWNED
Combined Single Limit BI & PD	Split Limits					
	Bodily Injury		Property Damage			
	Per Person	Per Accident	Per Accident			

### UNINSURED/UNDERINSURED MOTORIST COVERAGE

Single Limit	Split Limits		
	Bodily Injury		Property Damage
	Per Person	Per Accident	Per Accident

### DRIVER INFORMATION - If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in class/type)	Type of Unit (bus, van, truck, tractor, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

**DRIVER INFORMATION (Continued) - If additional space is needed, attach separate listing.**

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, hit & run, manslaughter, reckless, driving while suspended/revoked, speed contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

Are drivers covered by workers compensation? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, name of carrier
Minimum years driving experience required	Are vehicles owner-driven only? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are drivers ever allowed to take vehicles home at night? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, will family members drive? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you order MVRs on all drivers prior to hiring? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's maximum driving hours    daily                      weekly
Do you agree to report all newly hired operators? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the basis for driver(s) pay? <input type="checkbox"/> Hourly <input type="checkbox"/> Trip <input type="checkbox"/> Mileage	<input type="checkbox"/> Other, explain

**SCHEDULE OF AUTOS/VEHICLES - Describe all vehicles for which application is made for insurance.**

Veh. No.	Model Year	Vehicle Make & Model	Body Type (truck, tractor, trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Will lessor be added as additional insured? Yes  No

If yes, give name and address of lessor for each vehicle

Number of Vehicles Owned:	Pick-Ups	Trucks	Tractors	Semi-Trailers	Trailers	Pup Trailers
Number of Vehicles Leased:	Pick-Ups	Trucks	Tractors	Semi-Trailers	Trailers	Pup Trailers

**SCHEDULE OF AUTOS/VEHICLES - Describe all vehicles for which application is made for insurance.**

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible		Cargo Limit of Insurance
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Any loss payees? Yes  No  If yes, give name and address of mortgagee/loss payee for each vehicle

**LOSS EXPERIENCE - Provide prior insurance carriers information for past full three years.**

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/ Coll	Other

Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes  No

If yes, provide complete details

Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes  No  If yes, date and why

**CARGO INFORMATION - 100% co-insurance clause applies. Use Tow Truck Supplement for in-tow/on hook coverage.**

PREVIOUS CARGO CARRIER AND LOSS EXPERIENCE (list for the past three years with most recent carrier first.)

Policy Term		Company & Policy Number	Premium	Number of Claims	Cause of Loss	Amount Paid	Reserves
From	To						

Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value	Limit of Insurance	Deductible
				SEE PHYSICAL DAMAGE COVERAGE SECTION	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> Other

If applicant hauls double wide mobile homes, limit of insurance must be equal to the value of both sides combined to satisfy co-insurance. Amount of insurance on each truck should equal maximum load carried.

Select Type of Cargo Coverage Desired:  Named Perils or  Broad Form

Additional Coverage Options (additional premium may apply):  Additional Insured Endorsement (Lessee)  Loading and Unloading Coverage  
 Earned Freight Coverage  Refrigeration Breakdown Coverage  Hired Car Cargo Coverage  Exclude Theft Coverage

**FILING INFORMATION**

Is an FHWA filing required? Yes  No  If yes, MC number

Common  Contract  Broker Do you require FHWA cargo filing? Yes  No

If you hold a broker's license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations

If you are an interstate regulated carrier, identify your registration or base state

Is an intrastate filing needed? Yes  No  If yes, show state and permit number

List states for which insured requires CARGO FILINGS (check name on permits)

Show exact name and address in which permits are issued

Is MCS 90 endorsement needed? Yes  No

Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes  No  If no, explain

Are oversize/overweight commodities hauled? Yes  No  If filing required, show states

Are escort vehicles towed on return trips? Yes  No

Does your authority allow for transportation of hazardous commodities? Yes  No

Do you allow others to haul hazardous commodities under your authority? Yes  No

Have you ever changed your operating name? Yes  No  Do you operate under any other name? Yes  No

Do you operate as a subsidiary of another company? Yes  No

Do you own or manage any other transportation operations that are not covered? Yes  No

Do you lease your authority? Yes  No  Do you appoint agents or hire independent contractors to operate on your behalf? Yes  No

Have you purchased, sold or applied for authority over the past 3 years? Yes  No

Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes  No

Is evidence/certificate(s) of coverage required? Yes  No

Please explain any "yes" answer to Questions 44 through 50

Do you have agreements with other carriers for the interchange of equipment or transportation of loads? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, attach a copy of current agreements and complete the following:	
(a) With whom has such agreement(s) been made?	
(b) Do the parties named in (a) carry automobile liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of insurance company and limits of liability (bodily injury & property damage)	
(c) Under whose permit does each of the parties to the agreement(s) operate?	
(d) Is there a Hold Harmless in the agreement(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you barter, hire or lease any vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, explain

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

APPLICANT'S NAME AND TITLE:

APPLICANT'S SIGNATURE:	DATE:
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PRODUCER'S SIGNATURE:	DATE:
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AGENT NAME:	AGENT LICENSE NUMBER:
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IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.