

TRANSPORTATION APPLICATION

- Colony Insurance Company
- Colony Specialty Insurance Company

- Argonaut Insurance Company
- Argonaut Midwest Insurance Company

Section I - General Information

1. Policy Period Desired _____ Phone # _____
2. Insured Name _____ Fax # _____
(dba) _____ Website _____
3. Mailing Address: _____
4. Insured is: Individual Partnership Corporation Limited Liability Corp. Other: _____
5. Describe business/operations _____

6. Years operating this business: _____
7. Have you ever operated under another name? Yes No
 - a. If "Yes," what was the name of that operation? _____
 - b. If this is a new venture, where did you get your experience? _____
8. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or renewal refused? If "Yes," explain: Yes No

9. Gross receipts last year: _____ Estimate for coming year: _____
10. Annual miles driven per power unit: _____
11. Percentage of the types of roads traveled:
Four-lane Highway or larger: _____ Two-lane Highway: _____ Dirt Roads: _____ Other(_____): _____ = **100%**

Section II - Description of Operations

12. Dump Operation: (Includes Cement Trucks) (Select one)
 - Hauling your own goods (Not for Hire)
 - Cement Trucks
 - Hauling for single concern (Name of Concern: _____)
 - Hauling for multiple concerns
 Types of Cargo: Sand Gravel Dirt Asphalt
13. Wrecker Operation: (Select one/or combination)
 - Repossessor (Also complete Supp'l App. AU 1110)
 - In conjunction with Auto Dealer operation
 - In conjunction with Garage Service operation
 - _____ % used to transport customer's autos
 - _____ % used on a for hire basis
 - For hire, servicing public
 Methods you use to acquire your wrecker business:
 - _____ % Rotation-contracted by state/city/local authority
 - _____ % Police Scanner
 - _____ % Auto club
 - _____ % Other (explain) _____

14. Contractor(s) other than dump operations (Select one/or combination):
- Building-commercial
 - Building-private dwellings
 - Electrical, plumbing, masonry, and other repair or services
 - Excavating
 - Street/road
 - Other _____
15. Food Delivery: (Autos used by food manufactures to transport raw and finished products or used in wholesale distribution of food). Type of food or product: _____
16. Specialized Delivery (Select one):
- Magazines/Newspapers
 - Mail/Parcel Post
 - Oilfield Delivery
17. Trash/Refuse/Waste (non hazardous):
 Residential _____% Commercial _____%
 If landfill/dumpsite is owned by you, advise who writes Pollution and General Liability _____
 Evidence of this coverage is mandatory.
18. Not otherwise classified in 12 through 17 above (Select one):
- Hauling your own goods
 - Hauling exclusively for one concern
- Is concern trucking firm? Yes No
 Name of concern _____
 Specify type of cargo or operation _____
19. Do you back haul for hire? Yes No
 If "Yes," what commodities, and how often? _____

Section III - Area of Operations

20. Define normal areas of operation, i.e., cities, states: _____
21. Do you operate over a regular route? Yes No
 If "Yes," describe _____
22. List largest cities entered in each state: _____
23. Radius of operation: 0-100 101-300 301-500
24. Do you ever exceed 500 miles? Yes No
 If "Yes," explain: _____

Section IV - Driver Information

25. Do you carry Worker's Compensation? Yes No
26. Do you order motor vehicle reports on all of your drivers within 30 days of employment? Yes No
27. Schedule of Drivers (if any additional drivers, attach list)
 a. How are drivers paid? Per Load Per Hour Per Mile Other(describe) _____
28. Advise number of drivers employed over the past 6 mos. _____ or over the past 12 months _____

| Drivers Full Name | Date of Birth | Date Employed | Yrs Experience Comm'l Driving on like equipment | Drivers License Number/State |
|-------------------|--|---------------|---|------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| Driver | Description of Convictions for Violations and Accidents (Past 3 years) | | | |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Section V - Schedule of Units

29. Number of vehicles owned: _____ Pickups _____ Trucks _____ Tractors _____ Semi Trailer _____ Full Trailers

30. Number of vehicles leased: _____ Pickups _____ Trucks _____ Tractors _____ Semi Trailer _____ Full Trailers

a. Do others operate under your authority? Yes No

If "Yes," please explain: _____

b. Number of vehicles operating under your authority: _____ Pickups _____ Trucks _____ Tractors _____ Semi Trailer _____ Full Trailers

c. Do you ever lease your authority to others? Yes No

If "Yes," please explain: _____

31. Is this insurance to cover all owned, leased and operated vehicles? Yes No

If "No," please explain: _____

32. Do you hire any equipment? Yes No

If "Yes," please explain and give estimated annual cost of hire: _____

33. Do you loan or rent any of your equipment to others? Yes No

If "Yes," please explain: _____

34. Do you interchange equipment with other carriers? Yes No

If "Yes," give details: _____

35. Is there specialized equipment attached to any unit? i.e., Cranes, Booms, etc. Yes No

If "Yes," describe: _____

36. If more than one unit insured, describe which unit is specially equipped.

37. Schedule of units:

| Unit No. | Model Year | Trade Name | Tractor, Truck, Semi Trailer etc | Body Type* Structure Type** | Cargo Hauled | Model and Vin Number | Max GVW/Max GCW |
|----------|------------|------------|----------------------------------|-----------------------------|--------------|----------------------|-----------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

*Body type i.e., Belly Dump, Side Dump, Tanker, Lowboy, Reefer, Drop Deck, Rollback, Packer Etc.

**Structure type i.e., Stainless steel, Metal, Fiberglass, etc.

| Unit No. | Principal Location of Garaging | Maximum Radius of Operations |
|----------|--------------------------------|------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Section VI - Safety and Maintenance

38. Is there a formal safety program in effect? Yes No
 If "Yes," give details and/or attach copy of your safety program: _____
39. Explain your maintenance program., i.e., How often is maintenance done and by whom? _____

40. What criteria do you have in place for acceptability of drivers? _____
41. Describe your accident reporting procedures: _____
42. Are periodic reviews of all drivers conducted? Yes No
 If "Yes," how often? _____
43. Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record? Yes No
 If "Yes," explain: _____
44. Do you have a safety incentive program? Yes No
 If "Yes," describe and/or attach a copy of your program: _____
45. Is there safety equipment attached to any unit? i.e., Anti theft devices, tarps, back up alarms etc., (Be specific)

46. Are your trailers retrofitted with Reflective tape or Reflectors? Yes No

Section VII - Filing Information

For prompt and accurate filing, complete information must be given including name, address and Docket No. EXACTLY as authority exists. Use separate sheet if necessary. Failure to provide accurate information will result in delays and suspensions.

47. Do you hold an I.C.C. permit? Yes No
 If "Yes," Docket Number _____ Please attach a copy of your completed RS form.
48. Do you hold a DOT registration? Yes No
 If "Yes," DOT number _____
49. State filings required? Yes No
 If "Yes," show states and permit numbers _____
 Do you hold broker authority? Yes No
50. Is any special filing required such as oversize, overweight, city or hazardous permit? Yes No
 If "Yes," give details: _____

Section VIII - Previous Insurance and Loss Experience

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

| Policy Year | Insurance Carrier | Policy # | # of Accidents | Total Amount of Claims Paid | | Total Amt. of Unsettled Claims (reserves) | |
|-------------|-------------------|----------|----------------|---|--------------------------------|---|---|
| | | | | Bodily Injury | Property Damage | Bodily Injury | Property Damage |
| to | | | | | | | |
| to | | | | | | | |
| to | | | | | | | |
| | | | | Paid Losses on Fire, Lightning, Explosion | Paid Losses on Theft/Vandalism | Paid Losses on Collision | Paid Losses on Windstorm, Hail, Flood etc |
| to | | | | | | | |
| to | | | | | | | |
| to | | | | | | | |

*****FOR FLEETS CONSISTING OF 5 POWER UNITS OR MORE – HARD COPY LOSS RUNS ARE REQUIRED*****

Section IX - Coverage and Limits Requested

51. Liability Limits

- a. Combined Single Limit: \$ _____
 Split Limits:
 Bodily Injury \$ _____ each person
 \$ _____ each accident
 Property Damage \$ _____ each accident

- b. Liability Deductibles
 Bodily Injury only \$ _____
 Property Damage only \$ _____
 Bodily Injury and Property Damage \$ _____
 Bodily Injury and Property Damage applied separately \$ _____

52. Do you desire Uninsured/Underinsured Motorist coverage? (for requirements, check state statutes) Yes No
 If "Yes," limit desired \$ _____
 If required by state, please complete, sign and attach proper form for selection or rejection of this coverage.

53. Do you desire Personal Injury Protection coverage? (for requirements, check state statutes) Yes No
 If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

54. Do you desire Medical Payments Coverage? Yes No
 If "Yes," advise limit \$ _____

55. Do you desire Hired and/or Non Owned Coverage? Yes No
 If "Yes," please complete Supplemental forms AU 1129 and AU 1130.

56. Physical Damage Coverages and deductible selection

| Unit Description | Stated Amount | Collision Deductible | Other than Collision Deductible | | Single Deductible Per Occurrence |
|------------------|---------------|----------------------|---------------------------------|---------------|--|
| | | | Specified Causes of Loss | Comprehensive | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

57. Loss Payable Name and Address (advise which unit(s) this applies to): _____

58. List any Additional Insureds to be named and advise what their interest is in your operation: _____

59. List any Person or Organization requesting a Waiver of Subrogation, and advise reason for this request: _____

Section X – Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company

Applicant's Signature Date

Witness Date

Agent:

Are you personally familiar with this Applicant's operations? Yes No
 Did your office control this risk in the past year? Yes No

Agent's or Broker's Name Telephone Number Agents Signature
 (Please print)

Address Date

License No.

GENERAL FRAUD STATEMENT (Not applicable in Colorado, Ohio and Oregon)

Any person who knowingly and with intent to defraud any insurance company or another 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 and subject the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

APPLICANT'S SIGNATURE DATE (MM/DD/YY)

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

Applicable in Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)

Applicable in Oregon

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of Insurance Fraud.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)