



Commercial Automobile Application Physical Damage and Cargo

Agent _____
 Location _____
 New Renewal of _____
 Agency Renewal _____ Years

Name of applicant _____

Address _____
 (Number) (Street) (City) (State) (Zip)

Desired Effective Date _____ to _____

Applicant is: Individual Partnership Corporation Other _____

Principal Garaging Location _____
 (Number) (Street) (City) (County) (State) (Zip)

Inspection Contact Person _____ Phone No. _____

Federal I.D. or Social Security Number _____

DESCRIPTION OF OPERATIONS

Trucker for Hire Other (explain) _____ Common Contract Private

Commodities Transported _____

Radius _____ miles & major cities entered _____

Do you have established routes? Yes No If yes, what percent _____

Do you pull double trailers? Yes No Triple trailers? Yes No

Do you have flatbed trailers? Yes No If yes, what percent _____

Do you pull any dump trailers? Yes No If yes, are they hydraulic lifts? Yes No Bottom Hoppers? Yes No

Do you pull shipping containers? Yes No If yes, what percent _____

Specialized Equipment? Yes No If yes, describe _____

Number of years experienced as a commercial truck driver _____ Years in business _____

Any oversized/overweight cargo hauled?

LEASE EXPOSURE

Is any equipment scheduled leased to others? Yes No If yes, _____ permanent _____ Trip?

Is any equipment scheduled non-owned? Yes No If yes, identify on the vehicle schedule.

LOSS EXPERIENCE AND EXPOSURE INFORMATION

Current and Previous 3 years must be completed fully.

Policy Period From To	Name of Insurance Company Policy Number	No of Vehicles	Premium Paid		Total No. of Losses	Losses Paid and Reserves			
			Physical Damage	Cargo		Physical Damage	No. of Losses	Cargo	No of Losses
/									
/									
/									
/									

Has insurance of the type applied for ever been cancelled, declined or renewal refused?

Yes No If yes, provide a detailed explanation:

DRIVER INFORMATION

Do you hire any drivers under 24? Yes No

Do you hire any drivers over 65? Yes No

Are drivers obtained from a leasing service? Yes No If yes, what percent _____%

Do you hire any physically impaired drivers? Yes No Are motor vehicle records ordered prior to hiring? Yes No

Are drivers paid by the load? Yes No Hourly? Yes No Percent of gross? Yes No Trip? Yes No

Are any persons other than co-drivers allowed as passengers in the vehicle? Yes No

Driver's Name	Date of Hire	Date of Birth	Driver's License No.	State	No. Years Commercial Experience	List Accidents/Violations (3 years)

Important Notice: All **New Drivers** hired during the term of this policy must be immediately reported to the company. Failure to report may result in termination of this policy. Report new drivers to your agent.

CARGO INFORMATION

Commodity	Percentage	Average Value	Maximum Value

Vehicle Limit \$ _____ Limit any one Disaster \$ _____

Deductible \$ _____ Refrigeration Breakdown Yes No (\$2500 Deductible Applies)

Scheduled Locations (complete only if Terminal Coverage is desired):

Limit of Liability	Location Address	City, State, Zip

Type of Coverage(s) desired: Specified Perils Broad Form Owners Goods Reporting Form Terminal

Debris Removal - \$2,500 and Earned Freight - \$2,500 are included. Locked Vehicle Warranty - Required

48 hour unattached coverage as a result of accident or breakdown is included.

10% theft limitation on electronic equipment, furs, liquor, precious metals, tobacco, and pharmaceutical products

90% co-insurance applies

Are vehicles equipped with theft alarms? _____ If yes explain _____

Are loaded vehicles left unattended? _____ Are vehicles left loaded overnight? _____

What securities are provided? _____

CARGO FILINGS: _____ ICC (MC# _____) FORM H FILINGS _____

COVERAGES		LIMITS OF INSURANCE		
PHYSICAL DAMAGE				
Comprehensive	stated amount less	\$	Deductible	Per Occurrence
Specified caused of loss	stated amount less	\$	Deductible	Per Occurrence
Collision	stated amount less	\$	Deductible	Per Occurrence
CARGO				
Specified Perils	\$	each loss less \$	Deductible	Per Occurrence
Broad Form	\$	each loss less \$	Deductible	Per Occurrence
Owners Goods	\$	each loss less \$	Deductible	Per Occurrence
Reporting Form	\$	each loss less \$	Deductible	Per Occurrence

SCHEDULE OF AUTOMOBILES

Unit No.	Model Year	Trade Name	(O)Owned (L)Leased (O/O)Owner/op	Serial Number (Full 17 digits required)	Body Type (Truck, Tractor, semi-Trlr.)	State Amount (Current Value)	Radius of Use (*See Below)	Loss Payee Full Address
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

*The radius definitions filed and/or used for rating purposes are 50,200,500, and unlimited(UNL). Please include the maximum radius for each unit in the above section. THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. COVERAGE WILL COMMENCE only upon the effective date of a separate binding insurance coverage (i.e. policy or official binder form) issued by an agent authorized by the Company. The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued. If the laws or regulations of any governmental regulatory body in which the undersigned applicant intends to operate requires endorsement or rider to be attached to the policy. The applicant hereby agrees as an inducement to the Company for the issuance of the policy, that if the Company shall be obliged to pay any claim which it would not have been required to pay except for said endorsement, the Applicant shall reimburse the Company for any and all claims disbursements of every kind, including loss payments, costs and expenses which it shall have paid in the connection with such claim, plus expenses incurred by the Company in enforcing the terms of this agreement. The terms of this agreement shall apply not only to the original policy or policies issued in connection with this application, but also to any renewal or extensions thereof. READ ABOVE CONDITIONS CAREFULLY!

APPLICABLE IN THE STATE OF FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN THE STATE OF NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files and application for commercial insurance or statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning for any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

SIGNATURE OF AGENT

DATE

APPLICANT'S SIGNATURE AND TITLE

AGENT'S NAME AND ADDRESS