



**Texas Specialty Underwriters, Inc.**  
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**APPLICATION FOR INSURANCE FOR NON-TRUCKING USE**

**THIS COVERAGE IS RESTRICTED—READ THE STATEMENT OF COVERAGE UNDERSTANDING ON THE REVERSE SIDE OF THIS APPLICATION**

Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Garaging Location \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No. \_\_\_\_\_

**Proposed Effective Date:** From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant.

**PARTIALLY COMPLETED APPLICATIONS ARE UNACCEPTABLE. ALL QUESTIONS MUST BE ANSWERED.**

**DESCRIPTION OF OPERATIONS**

1. Applicant is:  Individual  Partnership  Corporation  Other: \_\_\_\_\_
2. Number of years experience as a commercial truck driver: \_\_\_\_\_
3. Maximum radius of operation for use under lease: \_\_\_\_\_
4. Name of authorized carrier to whom equipment is leased: \_\_\_\_\_

\_\_\_\_\_ (Address) (Phone Number) (Contact Person)

5. Type of cargo hauled: \_\_\_\_\_ Any trip leasing done?  Yes  No If yes, explain fully: \_\_\_\_\_

6. Number of units owned and operated: \_\_\_\_\_ Is this policy to cover all units?  Yes  No

7. List of Drivers	Date of Birth	Driver's License No.	State of	Violations & Accidents for the Past 3 Years

8. Are any filings required?  Yes  No If so, list governmental units requiring filing and show exact name and authority number for filing: \_\_\_\_\_

9. Is any unit for which coverage is being requested used for hauling of any goods or products other than when the unit is under lease to others?  Yes  No Explain any "yes" answer: \_\_\_\_\_

10. Previous carrier and loss experience—Past three (3) years:

Policy Period		Name of Prior Insurance Carrier	No. of Trucks	Premiums Paid	
From	To			Liability	Phys. Damage

TOTAL AMOUNT OF CLAIMS PAID				TOTAL AMOUNT UNSETTLED CLAIMS			
Date of Claim	Bodily Injury	Property Damage	Physical Damage	Date of Claim	Bodily Injury	Property Damage	Physical Damage

11. Has insurance for this type of coverage been canceled, declined or renewal refused? (Not applicable in Missouri.)

Yes  No If so, provide full details: \_\_\_\_\_

**LIMIT AND COVERAGE INFORMATION**

12.	Liability Coverage	Limits of Liability	Premium
	Bodily Injury and Property Damage (CSL)	\$ each accident	
	OR		
	Bodily Injury	\$ each person \$ each accident	
	Property Damage	\$ each accident	
	Medical Payments	\$ each person	
	Uninsured Motorist	\$	Rejected
	Underinsured Motorist	\$	Rejected
	Personal Injury Protection	\$ each person	
	Property Protection (Michigan only)	\$	
	<b>Physical Damage</b>		
	Specified Causes of Loss	\$ stated amount less \$ Deductible	
	Comprehensive	\$ stated amount less \$ Deductible	
	Collision	\$ stated amount less \$ Deductible	

**SCHEDULE OF VEHICLES**

13.	Unit No.	Year/ Model	Trade Name	Truck, Tractor, Semi-trailer, Full Trailer (indicate gas or diesel)	Complete Serial Number	Max. Gross Weight/Vehicle & Loads	Maximum Radius of Operations	Principal Location of Garaging	Rate Terr.
	1.								
	2.								
	3.								
	4.								

**PHYSICAL DAMAGE COVERAGES**

14.	Unit No.	Your Cost of Chassis, Body & Equipment	Date of Purchase	Stated Amount	Coverages Desired			Loss Payees (Name & Address) (Indicate Applicable Unit)
					Comp. Ded.	S.C. Ded.	Coll. Ded.	
	1.							
	2.							
	3.							
	4.							

**STATEMENT OF COVERAGE UNDERSTANDING**

I acknowledge that the automobile liability coverage I am applying for on this application is "Non-Trucking" coverage only and I am aware and accept that the policy I will receive contains the following exclusion:

**"This insurance does not apply to 'Bodily Injury' or 'Property Damage' while a covered 'auto' is used to carry property in any business or while a covered 'auto' is used in the business of anyone to whom the 'auto' is leased or rented."**

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.

**APPLICABLE IN THE STATE OF NEW YORK:**

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 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.

**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.

**PLEASE READ PRIOR TO SIGNING:**

**Failure to provide a lease agreement within 45 days of the policy effective date will be considered cancellation at the insured's request. In the event of a cancellation or termination of coverage, a minimum premium of 25% is considered fully earned. By signing below it is considered your acceptance of these terms and conditions.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

**(Applicable to Florida Agents Only)**

**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.