Truck Application

Name (and "dba")		Policy Term From:		To:

☐ Individual/Proprietorship ☐ Partnership ☐ Corporation ☐ 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 ☐ No ☐

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.

Combined Single Limit BI & PD	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
	Split Limits					
	Bodily Injury		Property Damage			
	Per Person	Per Accident	Per Accident			

Single Limit	UNINSURED/UNDERINSURED MOTORIST COVERAGE		
	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.							

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 ☐ No ☐	If yes, name of carrier
Minimum years driving experience required	Are vehicles owner-driven only? Yes ☐ No ☐
Are drivers ever allowed to take vehicles home at night? Yes ☐ No ☐	If yes, will family members drive? Yes ☐ No ☐
Do you order MVRs on all drivers prior to hiring? Yes ☐ No ☐	Driver's maximum driving hours daily weekly
Do you agree to report all newly hired operators? Yes ☐ No ☐	

What is the basis for driver(s) pay? ☐ Hourly ☐ Trip ☐ Mileage   ☐ Other, explain

SCHEDULEOFAUTOS/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 Op-era-tion	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

SCHEDULEOFAUTOS/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
						☐ Comprehensive ☐ 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	☐ $500 ☐ $1,000 ☐ $2,500 ☐ 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 ☐ No ☐	
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 ☐ No ☐	
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 ☐ No ☐	
Do you barter, hire or lease any vehicles? Yes ☐ No ☐	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, infor- mation 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:

PRODUCER'S SIGNATURE:	DATE:

AGENT NAME:	AGENT LICENSE NUMBER:

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.