



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)

Wrecker, Repossessor, Garagekeepers & On-Hook Supplemental Application

Note: This supplement is to be completed in conjunction with the ACORD 125, 127 (Business Auto Policy) or ACORD 132 (Truckers Policy) & a state specific ACORD 137

Note: For Fleet Accounts (5 or more power units), the following information is required:

1. *Copy of driver handbook or written explanation of driver hiring/training/firing guidelines.*
2. *Copy of formal Safety Program or written explanation of informal safety program.*
3. *Three to five year hard copy loss runs for prior insurance coverage. If risk is a new venture, send three-year employment history and experience for owners.*
4. *Copy of vehicle maintenance schedule, including sample maintenance logs.*

Section I - General Information

1. Policy Period Desired _____ Phone # _____
2. Insured Name _____ Fax # _____
3. (dba) _____
4. Physical Address (if diff. from mailing) _____
5. Have you ever operated under another name? Yes No
6. If "Yes," what was the name of that operation? _____

Section II-A – General Description of Operations

1. Select all that apply and show percentages for each; must total 100% :

<input type="checkbox"/> For Hire Wrecker	_____
<input type="checkbox"/> Wrecker Repo	_____
<input type="checkbox"/> Wrecker with Garage Dealer	_____
<input type="checkbox"/> Wrecker with Service Operation	_____
Total	100%
2. Indicate types of units hauled and percentages for each; must total 100% (check all that apply):

<input type="checkbox"/> Private Passenger & Pick UPS/Van	_____	<input type="checkbox"/> Light Trucks	_____	<input type="checkbox"/> Medium Trucks	_____	<input type="checkbox"/> Heavy Trucks	_____
<input type="checkbox"/> EX-HVY Trucks	_____	<input type="checkbox"/> Tractors	_____	<input type="checkbox"/> HVY Truck-Tractors	_____	<input type="checkbox"/> EX-HVY Tractors	_____
<input type="checkbox"/> Trailers	_____	<input type="checkbox"/> Watercraft (must be incidental, 20% or less)	_____				

NOTE: If transporting cargo other than the types of units listed above; submit to company for approval.

3. Indicate the percentage of tow revenue by source (check all that apply):

<input type="checkbox"/> Auto Clubs	_____	<input type="checkbox"/> State/City/Local Contracts	_____	<input type="checkbox"/> Commercial Contracts	_____	<input type="checkbox"/> Police Scanner	_____
<input type="checkbox"/> Other (Be specific)	_____						

Section II-B – Description of Operations: REPOSSESSOR OPERATIONS

1. List primary customers for which you repossess (written contract/agreement required): _____
2. How are vehicles repossessed? Describe in detail, including identification verification. _____
3. How is owner notified of impending repossession (check all that apply)? Applicant or Lienholder/creditor
4. Are police notified? Yes No; If "Yes," do they accompany you on repossession? Yes No
5. How are confrontations handled? (Check all that apply): Walk away Call Police
 Other (Be specific): _____
6. Does the applicant or any employee carry firearms? Yes No
- NOTE: Policy is issued with a Firearm Exclusion, where approved by state filing.**
7. Do you subcontract the towing of repossessed autos to others? Yes No
- NOTE: If "Yes," company approval is required to quote account.**
8. Give names of all repossession associations with whom you are affiliated: _____
9. If you are requesting coverage for a storage lot, advise length of time units will be stored. _____
10. If state licensing laws are applicable to this operation, give license #: _____

Section II-B – Description of Operations GARAGEKEEPERS

Private Passenger Types & Light PU's-\$50,000 maximum per vehicle -\$500 minimum deductible applies. Medium & heavier Trucks & Truck Tractors-\$120,000 maximum per vehicle-\$500 minimum deductible applies.

- Coverage: Legal Liability or Direct Primary
 Comp/Collision or SCOL/Collision
 Deductible: (select one) \$500 or \$1000
- If Direct Primary coverage is requested, describe procedure taken to check for prior damage to vehicle: _____

- Location #1: \$ _____ / _____ Address: _____
 Per vehicle /Per location (\$500,000 max) City: _____ Zip: _____
 Location #2: \$ _____ / _____ Address: _____
 Per vehicle /Per location (\$500,000 max) City: _____ Zip: _____
 Location #3: \$ _____ / _____ Address: _____
 _____ Per vehicle /Per location (\$500,000 max) City: _____ Zip: _____
- Is there a written "take home" policy for tow vehicles? Yes No
 If "Yes," describe: _____
- Are "response time" bonuses/penalties in place? Yes No
 If "Yes," describe: _____
- Does risk tow hazardous materials? Yes No
NOTE: If the answer is "yes" to question #6, coverage can not be offered for this risk.
- Does risk allow customers to assist in loading/unloading disabled vehicles? Yes No
NOTE: If the answer is "yes" to question #7, coverage can not be offered for this risk.
- Units stored in open lot? Yes No
- Units stored in building? Yes No

Section II-C – Description of Operations ON-HOOK

When written with Garagekeepers, the per vehicle limit must be lower than or equal to the Garagekeepers aggregate limit. Private Passenger Types & Light PU's-\$50,000 maximum per vehicle -\$500 minimum deductible applies. Medium & heavier Trucks & Truck Tractors-\$120,000 maximum per ehicle-\$500 minimum deductible applies

- Coverage (select one): Legal Liability or Direct Primary
- Deductible (select one): \$500 or \$1000
- If Direct Primary coverage is requested, describe procedure taken to check for prior damage to vehicle: _____

- Limit: _____ / _____
 Per vehicle Aggregate (\$500,000 maximum)

Section III - Area of Operations

- Define normal areas of operation, i.e., Cities, States
- Do you operate over a regular route? Yes No
 If "Yes," describe: _____
- List largest cities entered in each state: _____
- Radius of operation 0-100 101-300 301-500
NOTE: If radius is over 300 miles, company approval is required to quote the account.

Section IV - Driver Information

- Do you carry Worker's Compensation? Yes No
NOTE: If no and fleet account; company approval is required to quote the account.
- Driver pre-hire procedure used (check all that apply) Application MVR check Driver test
 Written test Pre-Employment Physical Employment Reference Check
- Are periodic reviews of drivers MVR's conducted? Annually Semi-Annually Other (Be specific)
- Do you report drivers to your agent within **14 days** of employment? Yes No
NOTE: If the answer is "no", company approval is required to quote the account.
- Is any action taken against a driver for having a chargeable accident or a poor motor vehicle record?

- Yes No If "Yes," explain: _____
6. How are drivers paid? Per Load Per Hour Per Mile Other(describe) _____
7. What is the wage level of your drivers compared to the industry?
 Average Below Average Above Average
8. What is your annual driver turnover? _____%

Section V – Equipment Information

1. Do you interchange equipment with other carriers? Yes No
 If "Yes," give details: _____
2. Is there specialized equipment attached to any unit? (check all that apply)
 Booms refuse grapples hooks Other: _____
3. If more than one unit insured, describe which unit is specially equipped. _____
4. Check all applicable Body Types and indicate how many units of each type:
 Side loader ____ Front loader ____ Roll off ____ Pumper ____ Packer ____ Rollback ____
 Other: _____
5. Check all applicable Structure Types and indicate how many of each type:
 Stainless steel ____ Metal ____ Fiberglass ____ Aluminum ____ Other _____

Section VI - Safety and Maintenance

1. Give Details of Safety Program (*Be specific*): _____
2. Are any of the following procedures in place? (check all that apply)
 Company work rules Driver Training Program Safety Program/Meeting Driver Discipline Program
 Hazardous Waste ID Training Burning Load Fire Training
3. How often is vehicle maintenance done and by whom? _____
4. Describe your accident reporting procedures: _____
5. Describe security at Garaging Location (check all that apply): Units locked when not in use
 Keys kept in lock box Well lit lot Fenced lot Lot attended 24 hours Burglar Alarm (describe)
 Guard Dog on Premises Commercial area Residential area Other: _____
6. Do you have a driver safety incentive program? Yes No
NOTE: If yes, attach written description of informal program or attach a copy of your formal program.
7. Is there safety equipment attached to any unit? (check all that apply) cut off switches strobe lights
 tarps back up alarms Video Monitors Automated Can Dumping Arm 2-Way Radio
 DriveCam Other: (Be specific): _____

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

Section VII- Additional Insured & Waiver of Subrogation

NOTE: If request for Additional Insured and/or Waiver of Subrogation is made by a landfill or an environmental group, insurance company approval is required.

Section VIII- 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.

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

_____ Applicant's Signature	_____ Date
_____ Witness	_____ Date
_____ Agent's or Broker's Name (Please print)	_____ Agent's Signature
_____ Telephone # / License #	