



**LLOYDS OF LONDON**  
**NON TRUCKING LIABILITY APPLICATION**

**Section I - General Information**

The coverage you are applying for is for non-trucking only. If you require ICC, PUC or any other special filing, you do not qualify for Non-Trucking coverage.

1. Policy Period Desired: \_\_\_\_\_
2. Name of Insured: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Address of Insured: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Website: \_\_\_\_\_
4. Number of years operating this business: \_\_\_\_\_ If new venture, number of years of experience: \_\_\_\_\_
5. Type of cargo hauled: \_\_\_\_\_
6. Name of Authorized Carrier to whom equipment is permanently leased: \_\_\_\_\_  
\_\_\_\_\_
7. Any trip leasing done?  Yes  No  
If "Yes," please explain in detail: \_\_\_\_\_
8. Radius of operation:  0 – 100  101 – 300  301 – 500  Over 500 miles

**Section II - Driver Information**

9. Do you carry Worker's Compensation?  Yes  No  
If "Yes," list company: \_\_\_\_\_
10. Do all drivers meet the following requirements: Age 21-67 ?  Yes  No  
Minimum two years experience?  Yes  No
11. Are vehicles owner-driven only?  Yes  No
12. Are drivers allowed to take vehicles home at night?  Yes  No  
If yes, will family members drive? (If yes, please list in the driver schedule)  Yes  No
13. Do you agree to report all newly hired operators?  Yes  No

14. Schedule of Drivers

LIST OF DRIVERS	D.O.B.	LICENSE NUMBER	STATE	YRS. EXP.	VIOLATIONS / ACCIDENT LAST THREE YEARS

**Section III - Schedule of Units**

Veh. #	Year	Make	Model	Full VIN Number	GVW	Radius	Garaging Loc.
1							
2							
3							
4							
5							

Veh. #	Stated Value	Coverages Desired		Loss Payee ( Name & Address)
		Comp. Ded.	Coll. Ded.	
1				
2				
3				
4				
5				

**Section IV – Previous Insurance and Loss Experience**

LOSS EXPERIENCE – Provide prior insurance carriers information for the past full three years.										
Policy Term		Insurance Company	No. of Units	No. of accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab.	Phys. Dam.	BI	PD	Comp/ Coll.	Other
/ /	/ /									
/ /	/ /									
/ /	/ /									

15. Has insurance for this type of coverage been cancelled, declined or non-renewed?  Yes  No

If yes, date and why: \_\_\_\_\_

**Section V – Coverage and Limits Requested**

16. Liability Limits

A) Combined Single Limit: \_\_\_\_\_

17. Uninsured Motorist / Under Insured Motorist Limits: (Pick one of two available options)

- A) \$60,000 CSL
- B) Rejected

Yes  No Initial \_\_\_\_\_  
 Yes  No Initial \_\_\_\_\_

**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 will follow the stipulations below:

“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.”

“The liability section of this policy is for use when not dispatched with dispatch being defined as the point of origination of your load and return to the point of origination or home garaging, which ever comes first.”

**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.

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

Signed at \_\_\_\_\_

This \_\_\_\_\_ Day of \_\_\_\_\_

By \_\_\_\_\_  
(Applicant)  
(Applicant should state official position)

Applicant Witness \_\_\_\_\_

\_\_\_\_\_  
(Agent)

Location of Agency \_\_\_\_\_