



**AUTOMOBILE APPLICATION FOR INSURANCE
 FOR NON-TRUCKING USE (BOBTAIL)**

**COVERAGE APPLIED FOR IS RESTRICTED—READ THE “STATEMENT OF COVERAGE
 UNDERSTANDING” ON PAGE 5 OF THIS APPLICATION**

Name of Applicant: _____

 Address: _____

 Garaging Location: _____

Agent Name: _____
 Agency 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.
 IF A QUESTION IS NOT APPLICABLE, INDICATE “NOT APPLICABLE.”**

DESCRIPTION OF OPERATIONS

- Applicant is:** Individual Partnership Corporation Other: _____
- Number of years experience as a commercial truck driver:** _____
- Under whose authority do you operate?**

Name	Address	Phone Number	Contact Person

Provide a complete copy of the current lease agreement.

4. List below all drivers, owners/officers, partners currently employed as of the proposed effective date.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents and Traffic Violations

*Designation Code: O—Owner/Officer, P—Partner, E—Employee

5. Are any regulatory filings required?..... Yes No
 If yes, provide type of filing and exact name authority is written under: _____

6. Previous non-trucking insurance carrier and loss experience—Past three years (attach prior loss reports):

Policy Period		Prior Insurance Carrier	Loss Details
From	To		

7. Has insurance for this type of coverage been canceled or declined or has renewal been refused (not applicable in Missouri)? Yes No
 If so, provide full details: _____

LIMIT AND COVERAGE INFORMATION

8. **Liability:** Combined Single Limits \$ _____ Split Limit: B.I. Per Person: \$ _____
 B.I. Per Accident \$ _____ Property Damage: \$ _____
 Liability Deductible: \$1,000 Over \$1,000 \$ _____ **Submit to company—financials may be required.**

9. **Uninsured Motorist:** Rejected Limits Accepted _____

10. **Underinsured Motorist:** Rejected Limits Accepted _____

(Complete appropriate UM/UIM Selection/Rejection Form for Questions 9. and 10.)

11. **Optional no-fault state:** PIP rejected?..... Yes No

12. **Mandatory no-fault state:** PIP basic limits accepted? Yes No

(Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions 11. and 12.)

13. **Medical Payments:** Rejected Limits accepted: _____

14. Are any other entities to be added as additional insureds? Yes No

If yes, list:

NAME	ADDRESS	INTEREST/RELATIONSHIP

VEHICLE SCHEDULE

(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

STATEMENT OF COVERAGE UNDERSTANDING

NOTE: In applying for non-trucking use insurance, you understand that there is no coverage when you are operating under the authority of others or when leased to others.

If you have any questions about the coverage you are applying for, please discuss them with your insurance agent.

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.

A COMPLETED COPY OF YOUR LEASE AGREEMENT MUST ACCOMPANY THE APPLICATION.

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.

FRAUD WARNING (APPLICABLE IN 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.

NOTICE TO MARYLAND APPLICANTS:

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

FRAUD WARNING (APPLICABLE IN MAINE, TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING 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 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 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 an 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 stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

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.

Return Premium (if any)

\$

REJECTION OF UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY

(Indiana)

The Indiana Insurance Code (Section 27-7-5-2) requires an insurer to provide bodily injury Uninsured Motorist Coverage and Underinsured Motorist Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorist Coverage at the basic financial responsibility limit. Property Damage Uninsured Motorist Coverage is only available if Bodily Injury Uninsured Motorist Coverage is afforded under the policy.

A named insured can reject either or both Uninsured Motorist Coverage or Underinsured Motorist Coverage, reject the Property Damage portion of the Uninsured Motorist Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage. (Note: Limit selected for Underinsured Motorist Coverage cannot be less than \$50,000/\$50,000 Split Limit or \$50,000 Single Limit).

Uninsured Motorist Coverage and Underinsured Motorist Coverage provide insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, or disease, including death, and for the protection of persons insured under the policy who are legally entitled to recover damages from identifiable owners or operators of uninsured motor vehicles for injury to or destruction of property resulting therefrom.

The undersigned named insured —

(Applicable items marked "X")

- agrees that the Uninsured Motorist Coverage afforded in the policy is rejected.
- agrees that the Underinsured Motorist Coverage afforded in the policy is rejected.
- agrees that both the Uninsured Motorist Coverage and the Underinsured Motorist Coverage afforded in the policy are rejected.
- agrees that the Property Damage only portion of the Uninsured Motorist Coverage provisions afforded in the policy is rejected.
- agrees that the following lower limit of liability applies with respect to the Uninsured Motorist Coverage afforded in the policy.

(Enter lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

- agrees that the following lower limit of liability applies with respect to the Underinsured Motorist Coverage afforded in the policy.

(Enter the lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

Signature of Named Insured

Date

Policy No. (if known) _____