



COMMERCIAL AUTOMOBILE APPLICATION

Name of Applicant: _____
 D/B/A: _____
 Street Address: _____
 P.O. Mailing Address: _____
 Phone Number: (____) _____
 Web Site: _____

Agent Name: _____
 Address: _____
 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

DESCRIPTION OF OPERATIONS

1. **Applicant is:** Individual Partnership Corporation Other: _____
 Please provide the registered owner’s driver license number, social security number, federal employer identification number or state customer number or Soundex number for all vehicles: _____
2. **How long has this operation been in business?** _____
3. **Has there been any change in ownership, management or the name of the operation during the last five (5) years?** Yes No
 If yes, provide details: _____
4. **Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?**..... Yes No
 If yes, provide details: _____
5. **Description of operations:** _____

 Complete appropriate supplemental application if operations include the transportation of passengers.
6. **Specifically identify commodities transported:** _____
7. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** Yes No
 If yes, provide specific details: _____
8. **Normal areas of operations:** _____
9. **List all states vehicles operate in:** _____
10. **Largest cities entered:** _____
11. **Is your operation subject to time restraints when delivering the commodity?** Yes No
12. **If not hauling for others, will the vehicles be parked at a job site most of the day?**..... Yes No

13. Are any units customized or altered, or do they have special equipment? Yes No
If yes, how are they altered? _____
14. Do you have vehicles with mobile equipment permanently attached? Yes No
If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? _____
If other, please explain: _____
15. Are any vehicles used by family members? Yes No
If yes, explain: _____
16. Are any vehicles used for personal use (if other than public or private livery)? Yes No
If yes, explain: _____
17. Do you allow passengers to ride in your vehicles? Yes No
If yes, explain: _____
18. Are all drivers covered by Workers' Compensation insurance? Yes No

DRIVER INFORMATION

19. Are you familiar with the U.S. Department of Transportation driver requirements? Yes No
20. Do you maintain driver activity files? Yes No
Do you review current MVRs on all drivers prior to hiring? Yes No
Is there a formal driver hiring procedure? Yes No
If you have a formal driver hiring/training program, provide a copy with this application.
21. Are all drivers employees? Yes No
If no, explain: _____
22. How are your drivers paid? Per load Per hour Other: _____
23. Is there a formal safety program? Yes No
If yes, provide details or a copy: _____
24. Do you agree to screen and report all potential operators immediately upon hiring? Yes No
25. Maximum number of hours driver will operate a vehicle in a 24-hour period: _____
26. List below all drivers currently employed as of the Proposed Effective Date. If a Non-Owned Auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	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 & Traffic Violations

39. Are any vehicles or equipment loaned, rented, or leased to others? Yes No
40. Do you lease, hire, rent or borrow any vehicles from others? Yes No
 What is the average term of the lease? _____
 Is there a written agreement? Yes No
 If yes, provide a copy of the agreement.
41. Does your lease agreement contain a Hold Harmless clause? Yes No
42. Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire? Yes No
43. Do you obtain certificates of insurance from the truckers you hire? Yes No
 Certificates of insurance with limits of at least \$750,000 are required from your sub-haulers. If you do not have these on file when we audit, we will charge you for primary hired auto insurance. Do you understand? Yes No
44. If owner/operators are leased for six (6) months or longer, will they be scheduled on your policy? Yes No
 If yes, provide a copy of the agreement you use.
45. Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes No
 Will they be scheduled on the policy? Yes No
 What is the average term of the lease? _____
46. What is your cost to lease, hire, rent or borrow vehicles? With drivers _____ Without drivers _____
 Estimated cost of hired autos: This year: _____ Last year: _____
47. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors %
 Trailers % Heavy & Extra Heavy Trucks %
 Pickup Trucks or Vans % Private Passenger Cars %
48. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes No
 If yes, explain: _____
49. How many years of experience does your management have in the truck/transportation business? _____
 Please provide an explanation of their experience: _____
50. Do you arrange or dispatch loads for others, not including your own hired truckers? Yes No
 Please explain: _____
 Are you named on the Bills of Lading? Yes No
 Annual number of Truckers: _____ Loads: _____
51. Do you have brokerage authority? Yes No
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
 What is your brokerage motor carrier number? _____
 Whose name appears on the bill of lading as the carrier? _____
 What is your brokerage revenue for the most recent twelve (12) months? _____
 Estimated next twelve (12) months? _____
52. Are driver teams used? Yes No
53. Will more than one driver use a specific truck? Yes No

NON-OWNED AUTO INFORMATION

- 54. Why is non-ownership liability coverage being requested?** _____
- 55. What types of non-owned autos will be used in your business?** _____
Total number of non-owned autos used: _____ How will they be used? _____
- 56. How often are non-owned autos used in your business?** Daily Weekly Monthly Other: _____
Estimate the number of hours per month: _____
Estimated annual mileage for use of all non-owned autos: _____
- 57. Do any employees use their autos in your business?** Yes No
If yes, what limit of liability insurance are they required to maintain? _____
Do you require evidence of insurance? Yes No
- 58. Do employees lease autos on your behalf?** Yes No
If yes, under whose name are the autos leased? Employee's name Your name
- 59. Will you use non-owned autos other than those owned by employees?** Yes No
If yes, describe the relationship: _____
- 60. Total number of employees:** _____ **Total number of officers and partners:** _____
- 61. If a social service operation, indicate the total number of volunteers furnishing autos in your operation:** _____
Maximum number of volunteers at any one time: _____ How will they use their vehicles? _____
- 62. Are volunteers required to have their own insurance?** Yes No
Minimum limits required: _____
- 63. Do you obtain motor vehicle records for all drivers?** Yes No
- 64. Do you understand that we may audit your records for Hired and Non-Owned auto exposure, which might result in an additional premium?** Yes No

PRIOR CARRIER AND LOSS EXPERIENCE

- 65. Have you had any insurance canceled, declined or nonrenewed in the last three (3) years** (not applicable in Missouri)? Yes No
If yes, explain: _____

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, 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 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 insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who 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 value of the subject motor vehicle or stated claim for each 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: _____

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable in Florida Agents Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.

**Public Auto Supplemental Application Social Service and Ambulance
(Complete in addition to the Commercial Automobile Application)**

Applicant's Name: _____

1. What is the primary purpose of your operation and how are these services provided? _____

Number of years in business: _____ Number of years under current management: _____

2. Is this operation for: profit nonprofit
 Source of funding: _____

3. What are the total number of trips per year? _____
 Percent wheelchair/stretchers transport: %
 Of those, what is the number of emergency? _____ and non-emergency? _____

4. How many of the vehicles have lights and sirens? _____

5. Who dispatches your calls? 911 Outside sources In-house by your own employees or volunteers

6. Do you distribute any medical supplies or equipment? Yes No
 If yes, please provide details: _____

7. Indicate number of individuals who drive and/or provide client care (full-time, part-time, pair or volunteer): _____

	EMT BASIC	EMT ADVANCED	EMT PARAMEDIC	OTHER	NONE
EMPLOYEES					
VOLUNTEERS					

If "other" marked above, please explain: _____

8. Identify the types of special driver training programs that your drivers receive:
 General driver orientation Defensive driving Primary first aid
 Advanced first aid CPR Passenger assistance training
 Human relations skills Nonmedical emergency training Emergency vehicle evacuation

9. What is your criteria for driver selection? _____

10. What safety procedures are in place? _____

11. Do you have specific wheelchair tie-down procedures? Yes No
 If yes, please describe: _____

12. Is there an accident review procedure? Yes No
 If yes, please describe: _____

13. What type of vehicle maintenance is there? _____

14. Does Applicant have professional coverage? Yes No
 Policy number: _____ Term: _____
 Name of carrier: _____
15. Has this service ever operated under another name? Yes No
 If yes, what name? _____
16. Are all vehicles owned by you? Yes No
 If no, please explain: _____
 Are they leased, etc.? Yes No
 Give details: _____

17. Do employees use their own vehicles in your business? Yes No
 If yes, describe how often and if there is client transport: _____

18. Any other pertinent information about your business: _____

19. A. In which major cities does applicant provide transportation (list cities): _____

- B. Of Applicant's total operations, what percentage involves transportation in these major cities? _____%
20. Does Applicant have General Liability coverage? Yes No
 Policy number: _____ Term: _____
 Name of carrier: _____
21. Are all drivers covered by Worker's Compensation? Yes No
 If yes, provide carrier name: _____

22. Are MVRs ordered prior to allowing employee to drive? Yes No

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 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 a 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 value of the subject motor vehicle or stated claim for each 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: _____

IOWA LICENSED AGENT: _____
(Applicable in Iowa only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

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) _____