



COLONY SPECIALTY NON-TRUCKING APPLICATION
(For Permanently Leased Operators)

This application is for non-trucking use only. If you require an ICC, MSC-90 Endorsement, PUC, Hazmat or any other special filing, you do not qualify for Non-Trucking coverage.

Insurance Company

Colony Specialty Insurance Company (CSIC): OH

Colony Insurance Company (CIC): AZ, LA, MS & OK

Argonaut Insurance Company (AIC): CT, ME, NH, VT & WY

Argonaut-Midwest Insurance Company (AMIC): Remainder of admitted states

Section I – General Information

Colony Specialty Policy #: _____

1. Policy Period Desired _____ / _____ Phone # _____

2. Applicant Name/dba _____ Fax # _____

E-Mail Address _____ Website _____

3. Inspection Contact _____

4. Mailing Address _____

Physical Address _____
(if different from mailing)

Insured is: Individual Partnership Corporation Limited Liability Corp Other _____

Section II – Description of Operations

5. Type of cargo hauled: _____

6. Name of Authorized Carrier to whom equipment is permanently leased: _____

7. Do you trip lease or backhaul under your own authority? Yes No

8. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or the policy renewal refused? *(This question is not applicable in Missouri)* Yes No
If "Yes," explain: _____

9. Radius of operation: 0-50 51 & Over

10. If traveling into Canada, is this more than 20% of your trips? Yes No

11. Do you ever travel into Mexico? Yes No

Section III – Driver Information

12. Do you restrict personal cell phone use? Yes No

13. Are all drivers required to have a minimum of 2 years prior driving experience with like equipment? Yes No

14. Describe your accident reporting procedures. _____

15. Do you operate vehicles more that 10 hours per day?

Yes No

16. Driver Schedule:

Driver Name	DOB	License Number/State	Yrs Driving Similar Equipment	# Moving Viol/Acc in Past 3 Yrs
1				
2				
3				

Section IV – Equipment Schedule

17. Number of vehicles: _____ Trucks _____ Tractors _____ Owned Trailers

Other (describe) _____

Unit No.	Model Year	Make & Model	Body Type	Vehicle ID Number	Seating Capacity	Garaging Location (City & Zip)
1	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$
2	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$
3	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$
Unit No.	Model Year	Make & Model	Body Type	Vehicle ID Number	Seating Capacity	Garaging Location (City & Zip)

4	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$
Unit No.	Model Year	Make & Model	Body Type	Vehicle ID Number	Seating Capacity	Garaging Location (City & Zip)
5	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$

Section V – Previous Insurance and Loss Experience

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

18. New Venture Operations must complete a Colony Specialty New Venture Supplement for each owner and driver.

FOR FLEETS CONSISTING OF 5 OR MORE POWER UNITS – HARD COPY LOSS RUNS ARE REQUIRED

Policy Period	Insurance Carrier	Policy #	Coverages Provided***	Total Amount of *BI/PD & **APD Claims Paid Including Reserves		Name of Driver Involved in Loss
				# of Claims	Total Amount of Loss	
From			<input type="checkbox"/> Liability			
To			<input type="checkbox"/> APD			
From			<input type="checkbox"/> Liability			
To			<input type="checkbox"/> APD			
From			<input type="checkbox"/> Liability			
To			<input type="checkbox"/> APD			

*BI/PD=Bodily Injury & Property Damage

**APD=Auto Physical Damage

***Liability coverage includes: auto liability, UM, UIM, Med Pay, PIP (no fault) and any other state specific liability coverage

Section VI –Coverage and Limits Requested

19. Liability Coverage (select all that apply)

- Combined Single Limit (BI/PD) each accident \$ _____ (can not exceed \$1 million)
- Liability Property Damage Deductible (Available for fleet accounts only) \$ _____
- Uninsured Motorists (UM) \$ _____ (can not exceed BI/PD limit)
- Underinsured Motorists (UIM) \$ _____ (can not exceed BI/PD limit)
- Personal Injury Protection (PIP or No Fault) \$ _____

❖ Do you carry Worker's Compensation?

Yes No

Medical Payments \$ _____ Property Protection (Michigan Only) \$ _____

Please attach appropriate Uninsured Motorists / Underinsured Motorists / Personal Injury Protection and Medical Payments Selection form(s). Must be completed in full and signed by the applicant when binding coverage.

20. Physical Damage Coverage (select all that apply):

Property Damage Buyback (Michigan Only)

Physical Damage Total Insured Value \$ _____

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia

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

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Florida

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

Kentucky

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 commits a fraudulent insurance act, which is a crime.

Maryland

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

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

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.

Ohio

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 is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

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.

Maine, Tennessee, Virginia, 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.

Section VII - 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 Printed Name

Applicant's Signature

Date

Witness (if applicable)

Date

Agent/Broker:

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 (please print)

Telephone Number

Agent's or Broker's Signature

Agent's or Broker's Address

Date

License Number: _____