

Agent Name \_\_\_\_\_  
 and Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Commercial Auto Application

### General Information

Proposed Effective Date \_\_\_\_\_  
 Applicant Name (Legal) \_\_\_\_\_ Applicant Name (DBA) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ Web Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Inspection Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Entity Type:  Sole Proprietorship  Partnership  Corporation  Other, Describe: \_\_\_\_\_

Describe business operations: \_\_\_\_\_  
 Number of years experience \_\_\_\_\_  
 Number of years the business has been in this location \_\_\_\_\_  
 Number of years the applicant has owned this business \_\_\_\_\_  Check if New Venture  
 If this is a new venture, where did you get your experience? \_\_\_\_\_  
 Hours of Operation From \_\_\_\_\_ To \_\_\_\_\_ Number of days business is open per week \_\_\_\_\_

Have you owned another business under a different name or entity?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Do you own any other businesses or have any other locations?  Yes  No  
 If yes, please explain: \_\_\_\_\_

Has any policy or coverage declined, cancelled or non-renewed during the prior 3 years?  Yes  No (n/a in MO)  
 If yes, please explain: \_\_\_\_\_

**Previous Insurer Information** Please complete the following table with the previous insurer information. If none, indicate "none".

Policy Period	Insurer	Limits	Premium

**LOSS INFORMATION**  Check here if None

For this business or any previously owned business or entity, enter all claims or losses (regardless of fault, and whether or not insured) or occurrences that may give rise to claims for prior 5 years. Attach additional sheet if more space is needed.

Date of Loss	Date of Claim	Line	Description	Paid	Reserved	Status
						<input type="radio"/> Open <input type="radio"/> Closed
						<input type="radio"/> Open <input type="radio"/> Closed

Annual miles driven per power unit: \_\_\_\_\_

Percentage of the types of roads traveled:

4 lane highway or larger \_\_\_\_\_ %

2 lane highway \_\_\_\_\_ %

Dirt roads \_\_\_\_\_ %

Other \_\_\_\_\_ % Describe other: \_\_\_\_\_

**Totals = 100%**

## Description of Operations

**A) Dump Operation:** (includes cement trucks) (select one)

Hauling your own goods (not for hire)  Cement trucks

Hauling for single concern  Hauling for multiple concerns Name(s) of concern(s): \_\_\_\_\_

Types of cargo:  Sand  Asphalt  Dirt  Gravel  Other, Describe: \_\_\_\_\_

**B) Wrecker Operation:** (select all that apply)

Repossessor (complete Repossessors Supplement)

In conjunction with Auto Dealer operation

In conjunction with Garage Service operation

Percentage used to transport customer's autos: \_\_\_\_\_ %

Percentage used on a for hire basis: \_\_\_\_\_ %

For hire, servicing public

Percentage of methods used to acquire your wrecker business:

Rotation-contracted by state / city / local authority \_\_\_\_\_ %

Police scanner \_\_\_\_\_ %

Auto club \_\_\_\_\_ %

Other \_\_\_\_\_ % Describe other: \_\_\_\_\_

**Totals = 100%**

**C) Contractor(s) other than dump operations** (select all that apply)

Building - commercial

Building - private dwellings

Electrical, plumbing, masonry, and all other repair or services

Excavating

Street / Road

Other, describe: \_\_\_\_\_

**D) Food Delivery:** (Autos used by food manufacturers to transport raw and finished products or used in whole-sale distribution of food)

Type of food product: \_\_\_\_\_

**E) Specialized Delivery:** (select one)

Magazines / Newspapers

Mail / Parcel Post

Oil Field Delivery

**F) Trash / Refuse / Waste :** (non-hazardous)

Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ %

If landfill / dump site is owned by you, advise who writes Pollution and General Liability: \_\_\_\_\_

Evidence of coverage is mandatory

**G) Not otherwise classified in A-F 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: \_\_\_\_\_

**Do you back haul for hire?**  Yes  No If yes, what commodities and how often: \_\_\_\_\_

**Area of Operations**

Do you operate over a regular route?  Yes  No If yes, describe: \_\_\_\_\_

List all states operated into: \_\_\_\_\_

List largest cities entered: \_\_\_\_\_

Radius of operations (miles):  0-50  51-100  101-200  201-300  over 300

**Driver Information**

Do you carry Workers Compensation?  Yes  No

Do you order motor vehicle reports on all of your drivers within 30 days of employment?  Yes  No

How are drivers paid?  Per load  Per hour  Per mile  Other, describe: \_\_\_\_\_

Number of drivers employed over the past 6 months: \_\_\_\_\_ Number of drivers employed over the past 12 months: \_\_\_\_\_

**Drivers Schedule** (if not enough space, please attach list)

Drivers Full Name	DOB	DL Number	State	Lic. Type	Experience	Date Employed

**Descriptions of Violations and Accidents** (past three years)

Driver	Description of Violation / Accident

## Principal Location of Garaging

Unit No	Principal Location	Maximum Radius of Operations

### Safety and Maintenance

Is there a formal safety program in effect?       Yes    No

If yes, give details and/or attach a copy of your safety program: \_\_\_\_\_

How often is maintenance completed and done by whom? \_\_\_\_\_

What criteria do you have in place for acceptability of drivers? \_\_\_\_\_

Describe your accident reporting procedures: \_\_\_\_\_

Are periodic reviews of all drivers conducted?       Yes    No      If yes, how often: \_\_\_\_\_

Is any action take against a driver for having a chargeable accident or poor motor vehicle record?       Yes    No

If yes, explain: \_\_\_\_\_

Do you have a safety incentive program?       Yes    No

If yes, describe: \_\_\_\_\_

Is there safety equipment attached to any unit (i.e.. anti-theft devices, tarps, back up alarms, etc - be specific)       Yes    No

If yes, describe: \_\_\_\_\_

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

### Schedule of units

Number of vehicles owned: Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi Trailers \_\_\_\_\_ Full Trailers \_\_\_\_\_

Number of vehicles leased: Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi Trailers \_\_\_\_\_ Full Trailers \_\_\_\_\_

Do others operate under your authority?       Yes    No      If yes, explain: \_\_\_\_\_

No. of units operating under your authority: Pickups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi Trailers \_\_\_\_\_ Full Trailers \_\_\_\_\_

Do you ever lease your authority to others?       Yes    No      If yes, explain: \_\_\_\_\_

Is this insurance to cover all owned, leased & operated vehicles?       Yes    No      If no, explain: \_\_\_\_\_

Do you hire any equipment?       Yes    No      If yes, explain and give estimated annual cost of hire: \_\_\_\_\_

Do you loan or rent any of your equipment to others?       Yes    No      If yes, please explain: \_\_\_\_\_

Do you interchange equipment with other carriers?       Yes    No      If yes, give details: \_\_\_\_\_

Is there specialized equipment attached to any unit? i.e. cranes, booms       Yes    No      If yes describe: \_\_\_\_\_

If more than one unit insured, describe which unit is specially equipped: \_\_\_\_\_

**Specifically Described Autos** (use ACORD 127 for additional vehicles)

Unit No	Year	Make / Model	VIN	Body Type Structure Type	Cargo Hauled	GVW

\* Body Types: PU - Pickup; T - Truck; TD - Truck, Dump ; ST - Semi - Trailer; STD - Semi - Trailer, Dump; FT - Full Trailer; TT - Tank Trailer

**Coverages and Limits Requested**

**Liability Limits**

Combined Single Limit \_\_\_\_\_

Uninsured Motorists (UM) \_\_\_\_\_ State form required

Underinsured Motorists (UIM) \_\_\_\_\_ State form required

Uninsured Motorists Physical Damage \_\_\_\_\_ State form required

PIP (or state equivalent) \_\_\_\_\_ State form required

PPI (Michigan only) \_\_\_\_\_ State form required

Medical Payments \_\_\_\_\_

Other, describe: \_\_\_\_\_

Additional insured - Name, Address and their interest: \_\_\_\_\_

Waiver of subrogation?  Yes  No If yes, which additional insured(s) and reason for the request: \_\_\_\_\_

**Physical Damage** \* Physical damage is written on a Stated Amount basis, NOT cost new. Care should be given to the vehicles to current market values and account for depreciation. Loss valuation is not to exceed stated value \*

Unit No	Stated Amount	Deductible	Physical Damage	On-Hook Limit	On-Hook Ded.
			<input type="radio"/> SCOL <input type="radio"/> Comp		
			<input type="radio"/> SCOL <input type="radio"/> Comp		
			<input type="radio"/> SCOL <input type="radio"/> Comp		
			<input type="radio"/> SCOL <input type="radio"/> Comp		
			<input type="radio"/> SCOL <input type="radio"/> Comp		
			<input type="radio"/> SCOL <input type="radio"/> Comp		

Unit No	Loss Payee name and address

## Filing Information

For prompt and accurate filing, complete information must be given including the 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.

- Do you hold an I.C.C. permit?  Yes  No If yes, Docket No: \_\_\_\_\_ Please attach a copy of your completed RS form.
- Do you hold a DOT registration?  Yes  No If yes DOT No: \_\_\_\_\_
- State filings required?  Yes  No States and permit no: \_\_\_\_\_
- Do yo hold broker authority?  Yes  No
- Is any special filing required such as oversize, overweight, city or hazardous permit?  Yes  No

## FRAUD NOTICE

Any person who knowingly 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.

## STATE SPECIFIC PROVISION

**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.

**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.

**West Virginia** Any person who knowingly 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.

**I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE**

**The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

Applicant \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Producer \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_