

Truck Application

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: _____ To _____

1. Name (and "dba") _____ Individual/Proprietorship Partnership Corporation Other Business Phone Number _____
2. Mailing Address _____ City _____ State _____ Zip _____
3. Premises Address _____ City _____ State _____ Zip _____
4. Person to contact for inspection (name and phone number) _____
5. Have you ever had insurance with one of the companies listed at the top of this page? Yes No
 If yes, Policy Number(s) _____ Effective Date(s) _____

DESCRIPTION OF OPERATIONS

6. Describe business _____
 Years experience _____ New Venture? Yes No If you are a tow truck operation, do you do reposessions? Yes No
7. Is this your primary business? Yes No If no, explain _____
 Seasonal? Yes No
8. Have you ever filed for Bankruptcy? Yes No If yes, when _____ Explain _____
9. Gross receipts last year _____ Estimate for coming year _____ Business for sale? Yes No
10. Do you operate in more than one state? Yes No If yes, list states _____
11. Do you haul for hire? Yes No Show largest cities entered _____
12. Do you operate over a regular route? Yes No If yes, show towns operated between _____
13. Are you a common carrier? Yes No Are you a contract hauler? Yes No If yes, for whom _____
14. List all types of cargo hauled _____
15. Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? Yes No If yes, provide complete listing identifying all material(s) and/or chemical content: _____
16. Do you haul your own cargo exclusively? Yes No If not, who owns it? _____
17. Do you pull double trailers? Yes No Triple trailers? Yes No
18. Do you rent or lease your vehicles to others? Yes No If yes, attach copy of rental or lease agreement form used.
19. Do you hire any vehicles? Yes No Complete Hired and Non-Owned Supplemental Questionnaire if coverage is desired.

LIABILITY COVERAGE — Complete for desired coverages by indicating limits of insurance.

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED, REFER TO FOLLOWING PAGE.				
Combined Single Limit BI & PD	Split Limits					IF IN-TOW COVERAGE DESIRED, COMPLETE TOW TRUCK SUPPLEMENT.				
	Bodily Injury		Property Damage			HIRED, NON-OWNED - M-4055.				
	Each Person	Each Accident	Each Accident							

APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.

DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, Truck, Tractor, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

DRIVER INFORMATION (Continued) — If additional space is needed, attach separate listing.

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

20. Are drivers covered by Workers Compensation? Yes No If yes, name of carrier _____

21. Minimum years driving experience required _____ Are vehicles owner-driven only? Yes No

22. Are drivers ever allowed to take vehicles home at night? Yes No If yes, will family members drive? Yes No

23. Do you order MVR's on all drivers prior to hiring? Yes No Driver's maximum driving hours _____ daily, _____ weekly

24. Do you agree to report all newly hired operators? Yes No

25. What is the basis for driver(s) pay? Hourly Trip Mileage Other, explain _____

SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.

Veh. No.	Model Year	Vehicle Make & Model	Body Type (Truck, Tractor, Trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

26. Will lessor be added as additional insured? Yes No If yes, give name and address of lessor for each vehicle _____

27. Number of vehicles owned: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____

28. Number of vehicles leased: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____

PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above.

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible		Cargo Limit of Insurance
						<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Spec. C of Loss	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

29. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee for each vehicle _____

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/Coll	Other
/ /	/ /									
/ /	/ /									
/ /	/ /									

30. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____

31. Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No If yes, date and why _____

CARGO INFORMATION — 100% coinsurance clause applies. Use Tow Truck Supplement for In-Tow/On Hook coverage.
PREVIOUS CARGO CARRIER AND LOSS EXPERIENCE (list for the past three years with most recent carrier first).

Policy Term		Company & Policy Number	Premium	Number of Claims	Cause of Loss	Amount Paid	Reserves
From	To						
/ /	/ /						
/ /	/ /						
/ /	/ /						

Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value	Limit of Insurance	Deductible

If applicant hauls double wide mobile homes, Limit of Insurance must be equal to the value of both sides combined to satisfy co-insurance. Amount of insurance on each truck should equal maximum load carried.

32. Select type of cargo coverage desired: Named Perils or Broad Form

33. Additional Coverage Options (additional premium may apply): Additional Insured Endorsement (Lessee) Loading and Unloading Coverage
 Earned Freight Coverage Refrigeration Breakdown Coverage Hired Car Cargo Coverage Exclude Theft Coverage

FILING INFORMATION

34. Is an FHWA filing required? Yes No If yes, MC number _____
 Common Contract Broker Do you require FHWA cargo filing? Yes No

35. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations _____

36. If you are an interstate regulated carrier, identify your registration or base state _____

37. Is an intrastate filing needed? Yes No If yes, show state and permit number _____
List states for which insured requires CARGO FILINGS (check name on permits) _____

38. Show exact name and address in which permits are issued _____

39. Is MCS 90 endorsement needed? Yes No

40. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No If no, explain _____

41. Are oversize, overweight commodities hauled? Yes No If filing required, show states _____
Are escort vehicles towed on return trips? Yes No

42. Does your authority allow for transportation of hazardous commodities? Yes No

43. Do you allow others to haul hazardous commodities under your authority? Yes No

44. Have you ever changed your operating name? Yes No Do you operate under any other name? Yes No

45. Do you operate as a subsidiary of another company? Yes No
• Do you own or manage any other transportation operations that are not covered? Yes No

47. Do you lease your authority? Yes No Do you appoint agents or hire independent contractors to operate on your behalf? Yes No

48. Have you purchased, sold or applied for authority over the past 3 years? Yes No

49. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? Yes No

50. Is evidence/certificate(s) of coverage required? Yes No

51. Please explain any "yes" answer to questions 44 through 50 _____

52. Do you have agreements with other carriers for the interchange of equipment or transportation of loads? Yes No
If yes, attach a copy of current agreements and complete the following:
(a) With whom has such agreement(s) been made? _____
(b) Do the parties named in (a) carry automobile liability insurance? Yes No
If yes, name of insurance company and limits of liability (Bodily Injury & Property Damage) _____
(c) Under whose permit does each of the parties to the agreement(s) operate? _____
(d) Is there a hold harmless in the agreement(s)? Yes No

53. Do you barter, hire or lease any vehicles? Yes No If yes, explain _____

CALIFORNIA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM

DO NOT SIGN UNTIL YOU READ

Uninsured Motorists Coverage – Option to Reject

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

Uninsured Motorists Coverage – Option to Select Lower Limits

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

Uninsured Motorists Property Damage Coverage Where Policy Includes Collision Coverage

If Uninsured Motorists Coverage is not deleted and the policy of motor vehicle liability insurance includes collision coverage, the California Insurance Code requires an insurer to offer coverage which provides that the deductible amount, if any, to be paid by the named insured under the collision coverage shall be payable by the insurer in the event of collision involving a vehicle owned by the named insured and insured under the policy, and an uninsured motor vehicle. The named insured may elect not to accept the coverage or may waive this coverage when a motor vehicle is used or operated by a person or persons designated by name.

Uninsured Motorists Property Damage Coverage Where Policy Does Not Include Collision Coverage

If Uninsured Motorists Coverage is not deleted and the policy of motor vehicle liability insurance does not include collision coverage, the California Insurance Code requires an insurer to offer coverage for property damage to an insured motor vehicle, but not including personal property contained therein, caused by the owner or operator of an uninsured motor vehicle. However, this requirement does not apply to a "commercial vehicle" as defined in California Insurance Code Section 260. As used in this paragraph "property damage" means payment for loss or damage to the insured motor vehicle resulting from collision, not to exceed its actual cash value or three thousand five hundred dollars (\$3,500), whichever is less, for which loss or damage the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle. Property damage does not include compensation for loss of use of the motor vehicle. The named insured may elect not to accept the coverage or may waive this coverage when a non-commercial vehicle is used or operated by a person or persons designated by name.

The options that you requested for Uninsured Motorist Coverage are reproduced on the next page. **These options determined your policy premium, but you may change them. Changing the selections may result in changes to your premium.** To make changes contact your agent.

The Named Insured selects the following (applicable item marked):

- Rejection of Uninsured Motorists Coverage in its entirety
- Selection of Uninsured Motorist Coverage at the limits shown below, which do not exceed the Liability Bodily Injury limit(s):
 - Split Limits:
\$ _____ Bodily Injury per person
\$ _____ Bodily Injury per accident
 - Combined Single Limit (BI only):
\$ _____ Bodily Injury per accident

Uninsured Motorist Property Damage Coverage (Select if UM Coverage is not rejected)

- On those vehicles which have Collision coverage through this policy, by checking this box I elect to have the insurance company waive my Collision deductible for collisions between an insured motor vehicle and an uninsured motor vehicle. I understand that this election will cost additional premium. If this box is unchecked then my Collision deductible will apply for collisions between an insured motor vehicle and an uninsured motor vehicle.
- On those vehicles which do not have Collision coverage through this policy, by checking this box I elect to purchase Uninsured Motorist Property Damage coverage as previously described on those eligible insured vehicles. I understand that this election will cost additional premium. Uninsured Motorist Property Damage coverage is not available on any "commercial vehicle," as defined in California Insurance Code section 260, and will not be provided on such insured vehicles even if this box is checked. If this box is unchecked then I reject Uninsured Motorist Property Damage coverage on all insured vehicles without Collision coverage.

I UNDERSTAND THAT THE OPTIONS I HAVE SELECTED WILL APPLY TO ALL SUBSEQUENT RENEWALS OF COVERAGE, AND TO ALL POLICIES OR ENDORSEMENTS WHICH EXTEND, CHANGE, SUPERSEDE OR REPLACE AN EXISTING POLICY ISSUED TO THE NAMED INSURED UNLESS CHANGED IN WRITING BY ANY NAMED INSURED.



Signature of Named Insured or representative



Title



Date

Policy Number

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the FHWA requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

Witness _____

Applicant's Signature _____

Date _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address _____

Phone No. _____