



Automobile Physical Damage Insurance
Commercial Vehicles (U.S.A.)
Application

1. Name of Applicant: _____
2. Address: _____ City: _____ State: _____ Zip: _____
3. Phone number: _____
4. Website/e-mail address: _____
5. Address of Principal Terminal if other than above: _____

6. DOT #: _____ Radius of Operation: _____
7. Type of Cargo carried: _____
8. a. Number of years in this business (if new venture, please complete supplement): _____
b. Total number of employees: _____
c. Total annual gross revenue from this operation: \$ _____
9. Vehicle(s) legally owned by: _____
Loss Payable to: _____
10. Name of previous carrier: _____
11. Name of carrier of Public Liability and Property Damage Insurance: _____

12. Has applicant had previous fire, theft and collision automobile insurance cancelled? (if so, state date, name of insurance company and reason for cancellation): _____

13. Is vehicle(s) owner-driven? Yes No

If drivers are employees, what is your pre-hire screening process? _____

14. If more than one vehicle is covered, what is the estimated maximum possible terminal loss (total insured values)? _____

15. Amount of deductible(s) on Collision: \$1,000 \$2,500 Other \$_____

16. Will you ever use hired equipment? No Yes

17. Will any of your equipment ever be loaned or rented to others? _____

18. Do you own or use trucks and/or trailers other than those listed under item 20 below? _____

If "yes" specify vehicles and state reasons why insurance is not required: _____

19. Is equipment regularly inspected and services? _____ If so, at what periods? _____

20. Any losses sustained by applicant during the last five years? (N/A is not an acceptable response. If there have been no losses, please indicated "No Losses")

Losses

Year	Comprehensive/Collision	Amount Paid

21. Description of vehicle(s): (Specify Truck, Tractor, Trailer, Semi)

Item #	Year	Trade Name	Type	VIN (Serial #)	Value
1					
2					
3					
4					

5					
6					
7					
8					
9					
10					

No coverage is afforded under this policy unless the driver operating the covered automobile:

- i) Is aged between twenty-two (22) and seventy (70) years inclusive, and:
- ii) Has no **critical violations**, and:
In the 24 months preceding the inception date of this policy:
 - a. Has had no more than two (2) **major violations** and;
 - b. Has had no more than three (3) **minor violations**, and;
 - c. Has continuously held a driver license which is valid for the automobile involved;

Unless such driver has been accepted in writing by the Underwriters and endorsed on to this policy, with any additional premium paid and/or other amended terms as required by the Underwriters.

The words **critical violation(s)** shall mean:

- i) Driving while intoxicated (DWI), implied consent, any suspension of the driver's license for failure to submit to alcohol testing,
- ii) Driving under the influence (DUI), implied consent, any drug related violation or any suspension of the driver's license for failure to submit to drug testing

That has/have occurred within the three (3) years prior to the inception date of this policy or to the date of hire of the driver, **whichever is the later**.

The words **major violation(s)** shall mean:

- i) Manslaughter or negligent homicide,
- ii) Felony involving a motor vehicle,
- iii) Racing,
- iv) Hit and run,
- v) Reckless driving,
- vi) License suspended for points,
- vii) Driving while license suspended,
- viii) Fleeing/eluding arrest,
- ix) Multiple driver licenses not reported to the Underwriters,
- x) Accident other than while driving a private passenger vehicle,
- xi) Driving more than 100 miles per hour/160 kilometers per hour

That has/have occurred within the three (3) years prior to the inception date of the policy or to the date of hire of the driver, **whichever is the later**.

The words **minor violation(s)** shall mean:

- i) Any moving violation(s) other than the **critical violations** and **major violations** listed above and the following non-moving violations:
- ii) Defective brakes
- iii) Defective equipment
- iv) Oversize or overweight

That has/have occurred within the tree (3) years prior to the inception date of the policy or to the date of hire of the driver, **whichever is the later**.

The Insured must check all drivers' MVR's within 7 days of employment with the subject trucking firm or within 7 days of inception of this policy. NO MVR to be older than 3 months.

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statement and answers are a just, full and true exposition of all of the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the insurance.

Signed: _____

Dated: _____

New Venture Supplemental

(to be completed by any risk with less than three years loss runs)

1. Effective date of new venture: _____ Date of first CDL: _____
2. How long have you been driving tractors/rigs? _____
3. Who did you previously drive for? _____
4. What types of goods were you previously hauling: _____
5. What was/were your usual routes? _____
6. How many accidents or losses were you involved in during the past five (5) years? _____
Describe the circumstances of the accidents or losses: _____
7. Will you be hauling for anyone in particular? _____
8. Who is financing the new venture? _____
9. Are you applying for FHWA (ICC) authority? Yes No If yes, when? _____
10. Do you expect to increase the number of your vehicles within 1 year? Yes No
If yes, how Many? _____

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form shall be the basis of the contract, and that any change in the pattern of my/our trade or trade practices shall be advised to the Underwriters who may at their discretion, vary the terms and conditions of the contract.

Signed _____

Dated _____

Position _____