

# APPLICATION FOR MOTOR TRUCK INSURANCE

Entire application must be completed and signed by Applicant and Agent.

	Name of Applicant					
ſ			Partnership	Common Carrier	Corporation	Contract Carrie
	Mailing Address	Street				
		Street	City	County	State	Zip Code
F	Principal Garaging A	Address	Street	01		21.1
(	Other Terminal Addr	ess		City	County	State
			Street	City	County	State
ſ	Requested Effective	Date		Term		
ſ	Date Coverage Bour	nd By General Agency	or Company	_ Term Date	Binder Issued	
E	Business of Applicar	nt	Y	ears Experience in Truck	ing Business	
(	Gross Revenue/Last	nt t Annual Period \$ ss Venture?	·	Estimated Next Annua	Dariad ¢	
ì	s this a New Rusine	ss Venture?	If ve	es, Complete "New Ventu	$re" on name \frac{1}{\sqrt{2}}$	
	int Any Incurance	Previously Carried With	MoM Componies:	es, complete new ventu	ie oli page 4.	
(	Company	Teviously Carried With	Policy Number	[	Dates of Coverage	
			OPERATIONAL II			
	Specific Commoditie					
``						
1	Maximum Radius of	Operation				
L	_ist All States Opera	ted Into or Through				
		<u> </u>				
I	ist Principal cities					
	Number of Vehicles		_			
	Owned: Picku	ps Truck	s <u> </u> Tract		Trailers	Trailers
	_eased: Picku	ps Truck			Trailers	Trailers
I	s Special Equipmer	nt Mounted or Attached	?	If yes, identify unit and d	escribe equipment	
_	Do you pull: Double	Trailers?	Triple Trailers?	Trains?		
I	s All Commercial Fo	quipment You Own and	 Vor Operate Describe	d in the Application?		
						_
[	Do You Use Rented	or Loaned Equipment?	)	If yes, What is the Cos e? Long ⊺	st of Hire? \$	
[	Do You Rent or Leas	se to Others?	Written Leas	e? Long 7	Ferm?	Trip?
I						
					-	
		erate Under Your Auth	ority?	Under Written Leas	se?	
I	f yes, explain:					
		Deversit Neversheev f	FILING INFO		h a vaa da	
	lf opy fili			e shown before filing can		<b>1</b> 2
	ir any m _iability: States & P	- ·· • •		r than #1 or #2 above, ple	-	23.
L	LIADINITY. STATES & F	emiii 105.				
	Cargo: States & Pe	rmit Nos.				
(	<b>U</b>					
F	FMCSA Liability Per Remarks:	mit No. MC		FMCSA Cargo Permit	No. MC	

### PREVIOUS INSURANCE HISTORY

**Complete For Past 3 Years** 

Policy Term						L	iability	Physic	al Damage	C	argo
Fre	om	Т	ō		Policy	No.	Amount	No.	Amount	No.	Amount
Mo.	Yr.	Mo.	Yr.	Company Name	Number	Clms.	Incurred	Clms.	Incurred	Clms.	Incurred

#### 24. Describe Each Claim in Detail:

25. Have any of these Coverages been Cancelled, Refused, or Non-Renewed? If yes, Give Company Name, Date and Reason:

DRIVER INFORMATION									
DRIVER'S FULL NAME	Date of Birth	License No. & State	No. Years Comm'l. Driving	No. Years Empl. By Applicant	No. of Accidents Last 3 Yrs.	No. of Violations Last 3 Yrs.	Describe Any Physical Impairments		

 
 Will Passengers Be Carried?
 If yes, explain:
 26.

27. How Many Drivers Operate Each Unit?

Average Hours Per Day Units Operated

28. Do You Check Driving Records of All Drivers Prior to Hiring?

29. Do You Hire Drivers Under Age 24 or Over Age 67?

Do You Agree to Promptly Report All Driver Changes to Company or Agent? 30.

31. Do You Agree to Report All Claims Immediately to the Company Claims Dept.? \_\_\_\_\_

32. Remarks:

LIMITS OF LIABILITY REQUESTED									
Bodily Injury \$		Each Person	\$		Each Occurrence				
Property Damage \$		Each Occurrence							
Combined Single Limits	\$								
Uninsured Motorists	\$		Underins	sured Motorists	s _\$				
Personal Injury Protection	\$		Other	\$					

# SCHEDULE OF EQUIPMENT

Unit	Model Year	Trade Name	Body Type See Below*	Gross Vehicle Weight	Serial Number	Maximum Radius	Terr. or Maximum Zones	Current Value	Date Purchased	Purchase Price
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
	*BUD	V TVDEC. DI	L Dickup · T	Truck TD	Truck Dump TP-Trac	tor TDD Tro	ctor Dump	ST Somi S	TD Sami Dun	nn

\*BODY TYPES: PU-Pickup; T-Truck; TD-Truck, Dump; TR-Tractor; TRD-Tractor, Dump; ST-Semi; STD-Semi, Dump FT-Full Trailer, FTD-Full Trailer, Dump

Physical Damage: Are Any Units Equipped with Reefers? If yes, identify by Unit and furnish Serial No. of Reefer

PREMIUMS														
	Liability						Physical	Damage	)	Cargo		Other		
						Coll	ision	Specifie	ed Perils	Deducti	ble \$			
Unit	BI	PD	UM	UIM	PIP	Ded.	Prem.	Ded.	Prem.	Rate	Limit	Prem.	Cov.	Prem.
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
Debit	Debit/Credit         %         Coverages         Reason													

#### LIENHOLDERS

Unit(s)	Name	Address	City	State	Zip	Monthly Payments	Loan Balance

## Additional Insureds

Certificates of Insurance

#### NEW VENTURE

Must be completed if three years prior carrier information has not been supplied.									
TRUCK DRIVING EMPLOYMENT FOR	Employment	Type of	Maximum Radius						
LAST THREE YEARS	Date Month/Year	Unit	Of Operation						
FIRM	from								
ADDRESS	to								
FIRM	from								
ADDRESS	to								
Do you object to our verifying the above info	ormation?  Yes	🗌 No							

 PLEASE READ
 \* \* \* \* \* \* \*
 FRAUD WARNING
 \* \* \* \* \* \* \*
 PLEASE READ

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.

In connection with the processing of this Application, the Company may undertake an investigation of the credit worthiness of the Applicant and other matters contained herein. By signing this Application, Applicant authorizes Company to undertake such investigations which may include contacting credit references and others with knowledge of Applicant's affairs.

This Application shall not be binding unless and until a policy is issued and a down payment made and then only as of the commencement date of the policy and in accordance with the terms of this Application and of the policy. The Applicant hereby covenants and agrees that the statements and answers contained in this Application are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant. This Application and the information provided herein are made the basis and the condition of the insurance, and are representations on the part of the insured. Material or fraudulent representations may prevent recovery on the policy.

If the laws or regulations of any city, county, regulatory body, state or states in which the Applicant intends to operate or of the Department of Transportation or Federal Motor Carrier Safety Administration require a special endorsement or rider to be attached to the policy, the Applicant hereby agrees that if the Company shall be obliged to pay any claim which it would not have been required to pay except for such endorsement or rider, the Applicant shall reimburse the Company for any and all claims and disbursements of every kind, including loss payments, costs and expenses paid in connection with such claim, and expenses incurred by the Company in enforcing the terms of this Application and the policy. The terms of this Application shall apply not only to the original policy or policies issued in connection with this Application, but also to any renewals or extensions thereof.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance 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 in any respect.

# THE APPLICANT, BY HIS/HER SIGNATURE CONFIRMS FULL KNOWLEDGE OF ALL OFTHE ABOVE, AND FULL KNOWLEDGE OF, AND ADHERENCE TO, CURRENT D.O.T. SAFETY REGULATIONS.

Signature of Applicant

Date

Name and Address of Agency