



Drive Away/Tow Away Application

Name of Applicant: _____

D/B/A: _____

Mailing Address: _____

Garaging Address: _____

Phone Number: _____ DOT No.: _____

Loss Control contact name and telephone number: _____

E-mail Address: _____

Insured Website: _____

FEIN- _____

Agency Name: _____

Producer: _____

Phone No. _____

Address: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
12:01 A.M., Standard Time, at the mailing address of the Applicant.

1. How long has this operation been in business? _____
2. Have you filed bankruptcy within the past 5 years? Yes No
3. Radius of operations:
 0-300 mi.: _____%
 301-500 mi.: _____%
 Over 500 mi.: _____%
4. Are filing required? Yes No
If yes, provide list: _____
5. Are any vehicles owned, operated or leased that are not included in the vehicle schedule? Yes No
If yes, provide details: _____
6. Are any vehicles or equipment loaned, rented or leased to others? Yes No
Are these units scheduled on this policy? Yes No
7. Do you use owner/operators? Yes No
If yes, are they scheduled on the policy? Yes No
8. Are passengers allowed? Yes No
If yes, do you have a passenger policy in place? _____
9. Do your independent contactors carry Unladen Liability? Yes No
If yes, what limits are required? _____

DRIVER INFORMATION

10. Criteria for hiring drivers:
 - a) Minimum age: _____ Maximum age: _____
 - b) Minimum years of experience: _____
 - c) Do you have a formal training process for new drivers? _____
 - d) If so, describe the onboarding process: _____
 - e) Do you offer driver safety incentives or penalties? _____



- f) Do you have a company driver handbook? _____ If so, will you provide a copy? _____
- g) Describe your MVR standards: _____
- h) Do you use PSP (Pre-Employment Screening Program) in your hiring process? Yes No

11. List below all drivers employed as of the proposed effective date: *use excel sheet for additional drivers*

Driver's Name	Date of Birth	Driver's License No.	State	No. of Years Driving Similar Vehicle	Date of Hire	List Past Three Years of Accidents and Traffic Violations

INSURANCE AND LOSS HISTORY

- 12. Have you had any insurance canceled, declined or non-renewed or have you filed bankruptcy in the last three years? Yes No
If yes, explain: _____

13. Provide loss history for prior five years:

Policy Period	Prior Carrier	Policy No.	No. of Units Insured	No. of Losses	Liability Losses Paid/Open	Phys. Dam. Losses Paid/Open	Cargo Losses Paid/Open

OPERATION HISTORY

14. Provide prior three years, current and projected business history:

Year	Gross Receipts	Mileage	# of Transporter Plates	
			Heavy Season:	Light Season:
			Heavy Season:	Light Season:
			Heavy Season:	Light Season:
			Heavy Season:	Light Season:
Current Year			Heavy Season:	Light Season:
Projected for Coming Year			Heavy Season:	Light Season:

15. Total Number of Transporter Plates Issued to you: _____



16. Preferred Policy Type:

Scheduled Unit
 Reporting Form basis: Per Power Unit
 Receipts
 Mileage

17. Types of Vehicle Transported

Drive-A-Way Types	Number of Deliveries	Percentage of Total Deliveries
Motorhomes/RVs		%
Tractor/Trailer or Truck/Trailer Combinations		%
Vans/Custom Vans		%
Cars/Private Passengers		%
Luxury or Sports Cars		%
Trucks: 10,000 GVW		%
10,001 to 20,000 GVW		%
20,001 to 45,000 GVW		%
More than 45,000 GVW		%
Tractors: Single Axle		%
Double Axle		%
Buses		%
Other		%

Toters	Number of Deliveries	Percentage of Total Deliveries
Campers/Fifth Wheels		%
Mobile Homes		%
Cars/Private Passengers		%
Luxury or Sports Cars		%
Vans/Custom Vans		%
Motorcycles/ATVs		%
Boats		%
Other		%
Trucks: 10,000 GVW		%
10,001 to 20,000 GVW		%
20,001 to 45,000 GVW		%
More than 45,000 GVW		%



Trailers, other than Semi-trailers		%
Semi-trailers		%

18. Do you tow a return vehicle? Yes No
 If yes, how often? _____
 If yes, list owner: _____
19. How often are units stacked/piggybacked/decked? _____
20. What is the max number of units decked at any time? _____
21. Please list your top 3 shippers: _____

SCHEDULE OF COVERED AUTOS (attach excel sheet for additional units)

22.

No.	Year	Make/Model	VIN No. (17 Digits)	GVW/GCW	Stated Value	Radius	Trailer Type*
					\$		
					\$		
					\$		
					\$		

LIENHOLDER INFORMATION

No.	Name	Address	City	State	Zip Code

LIMITS AND COVERAGES

23. Liability: Combined Single Limits \$ _____
24. Hired Auto: Cost of Hire: \$ _____
25. Hired Auto Physical Damage Limit: \$ _____ Deductible: \$ _____
26. Non-owned Auto: Number of Employees: _____
27. Uninsured Motorist: Rejected Limits Accepted: \$ _____
28. Underinsured Motorist: Rejected Limits Accepted: \$ _____
 (Complete appropriate state UM/UIM Selection/Rejection Form)
29. Mandatory no-fault state: (Complete appropriate Personal Injury Protection Selection/Rejection Form.)
 PIP basic limits accepted?..... Yes No
30. Optional no-fault state: PIP rejected?..... Yes No
31. Medical Payments: Rejected Limits Accepted: \$ _____



32. Deductibles: Comp. \$ _____ Coll. \$ _____

33. Cargo Coverage

Driveaway Cargo

- a) Cargo: Limit: \$ _____ Deductible: \$ _____
- b) Drive-A-Way Cargo Coverage Limit:\$ _____
- c) Maximum value of any single unit being driven\$ _____
- d) Average value of any single unit being driven:\$ _____
- e) Maximum value on the road at any one time: (decking operations only)\$ _____

Toter Cargo

- a) Maximum value of any single unit being delivered:\$ _____
- b) Average value of any single unit being delivered:\$ _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____
 (Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ **DATE:** _____

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.