



## Commercial Automobile Application

Name of Applicant \_\_\_\_\_  
 D/B/A \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 P.O. Mailing Address \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_  
 Web Site: \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Agent No. \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

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

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

**DESCRIPTION OF OPERATIONS**

1. **Applicant is:**  Individual  Partnership  Corporation  Other: \_\_\_\_\_  
Please provide the **registered owner's** driver license number, social security number, federal employer identification number, state customer number or Soundex number for all vehicles: \_\_\_\_\_
2. **How long has this operation been in business?** \_\_\_\_\_
3. **Has there been any change in ownership, management or the name of the operation during the last five (5) years?** ..... Yes  No  
If yes, provide details: \_\_\_\_\_
4. **Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?** ..... Yes  No  
If yes, provide details: \_\_\_\_\_
5. **Description of operations:** \_\_\_\_\_  
\_\_\_\_\_  
Complete appropriate supplemental application if operations include the transportation of passengers.
6. **Specifically identify commodities transported:** \_\_\_\_\_
7. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** ..... Yes  No  
If yes, provide specific details: \_\_\_\_\_
8. **Normal areas of operations:** \_\_\_\_\_
9. **List all states vehicles operate in:** \_\_\_\_\_
10. **Largest cities entered:** \_\_\_\_\_
11. **Is your operation subject to time restraints when delivering the commodity?** ..... Yes  No
12. **If not hauling for others, will the vehicles be parked at a job site most of the day?** ..... Yes  No
13. **Do you haul for others?** ..... Yes  No  
If yes, indicate percentage and for whom: \_\_\_\_\_
14. **Are any vehicles or equipment loaned, rented or leased to others?** ..... Yes  No

15. Do you lease, hire, rent or borrow any vehicles from others? .....  Yes  No  
 What is the average term of the lease? \_\_\_\_\_  
 Is there a written agreement? .....  Yes  No  
 If yes, provide a copy of the agreement.
16. What is your cost to lease, hire, rent or borrow vehicles? \_\_\_\_\_
17. What type of vehicles do you lease, hire, rent or borrow? \_\_\_\_\_
18. Are any units customized or altered, or do they have special equipment?.....  Yes  No  
 If yes, how are they altered? \_\_\_\_\_
19. Do you have vehicles with a boom? .....  Yes  No  
 If yes, what is the collapsed length? \_\_\_\_\_
20. Do you use owner/operators? .....  Yes  No  
 If yes, is there a written agreement?.....  Yes  No  
 What is the average length of the agreement? \_\_\_\_\_
21. If owner/operators are leased for twelve (12) months or longer, will they be scheduled on your policy? .....  Yes  No  
 If yes, provide a copy of the agreement you use.
22. Do you use subcontractors? .....  Yes  No  
 If yes, answer questions a. - d.  
 a. Are subcontractors required to provide Certificates of Insurance? .....  Yes  No  
 b. What limit of Auto Liability are subcontractors required to carry? \_\_\_\_\_  
 c. What job duties are performed by the subcontractors? \_\_\_\_\_  
 d. What is your cost to use subcontractors? \_\_\_\_\_
23. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name?.....  Yes  No  
 If yes, explain: \_\_\_\_\_
24. Do any employees use their autos in your business? .....  Yes  No  
 If yes, what limit of liability insurance are they required to maintain? \_\_\_\_\_
25. Do you understand that we may audit your records for Hired and Non-Owned auto exposure?.....  Yes  No
26. Are any vehicles used by family members? .....  Yes  No  
 If yes, explain: \_\_\_\_\_
27. Are any vehicles used for personal use?.....  Yes  No  
 If yes, explain: \_\_\_\_\_
28. Do you allow passengers to ride in your vehicles? .....  Yes  No  
 If yes, explain: \_\_\_\_\_
29. Are all drivers covered by Workers' Compensation insurance?.....  Yes  No

**DRIVER INFORMATION**

**30. Are you familiar with the U.S. Department of Transportation driver requirements?** ..... Yes     No

**31. Do you maintain driver activity files?** ..... Yes     No

Do you review current MVRs on all drivers prior to hiring? ..... Yes     No

Is there a formal driver hiring procedure? ..... Yes     No

If you have a formal driver hiring/training program, provide a copy with this application.

**32. Are all drivers employees?** ..... Yes     No

If no, explain: \_\_\_\_\_

**33. How are your drivers paid?**     Per load     Per hour     Other: \_\_\_\_\_

**34. Is there a formal safety program?** ..... Yes     No

If yes, provide details or a copy: \_\_\_\_\_

\_\_\_\_\_

**35. Provide details on your maintenance program:** \_\_\_\_\_

\_\_\_\_\_

**36. Do you agree to screen and report all potential operators immediately upon hiring?**..... Yes     No

**37. Maximum number of hours driver will operate a vehicle in a 24-hour period:** \_\_\_\_\_

**38. List below all drivers currently employed as of the proposed effective date.** If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

**VEHICLE INFORMATION**

**39. Number of vehicles owned:**    \_\_\_ Light    \_\_\_ Medium    \_\_\_ Heavy    \_\_\_ Extra Heavy  
    \_\_\_ Tractors    \_\_\_ Trailers    \_\_\_ Private Passenger Type

**40. Number of vehicles leased:**    \_\_\_ Light    \_\_\_ Medium    \_\_\_ Heavy    \_\_\_ Extra Heavy  
    \_\_\_ Tractors    \_\_\_ Trailers    \_\_\_ Private Passenger Type





The following Prior Carrier and Loss Experience Section must be completed:

Policy Period	Prior Carrier	Policy No.	Past Ded. Amount	Premium Liability	Premium Phys. Damage	No. of Losses	Liability Losses Paid/Open*	Phys. Damage Losses Paid/Open*

\*Include a minimum of 3 years currently valued company loss runs for all accounts with 10 or more power units.

**LIMIT AND COVERAGE INFORMATION**

49. **Liability:** Bodily Injury \_\_\_\_\_ Property Damage \_\_\_\_\_ Combined Single Limit \_\_\_\_\_

50. **Hired Auto:** States \_\_\_\_\_ Cost of Hire \_\_\_\_\_

51. **Non-owned Auto:** States \_\_\_\_\_  
 Number of Employees: Partners \_\_\_\_\_ Employees \_\_\_\_\_ Volunteers \_\_\_\_\_

52. **Uninsured Motorist:**  Rejected  Limits Accepted \_\_\_\_\_

53. **Underinsured Motorist:**  Rejected  Limits Accepted \_\_\_\_\_

(Complete appropriate UM/UIM Rejection/Selection Form for Questions 52. and 53.)

54. **Optional no-fault state:** PIP rejected? .....  Yes  No

55. **Mandatory no-fault state:** PIP basic limits accepted? .....  Yes  No  
 (Complete appropriate Personal Injury Protection Form)

56. **Physical Damage deductibles:**  \$500  \$1,000  Other Specify: \_\_\_\_\_

57. **Medical Payments:**  Rejected  Limits accepted: \_\_\_\_\_

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.

**APPLICABLE IN THE STATE OF NEW YORK:**

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, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**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 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

As part of our underwriting procedure, a routine inquiry may be made to obtain 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.