

4. Do you allow passengers other than company employees? Yes No If yes, attach a copy of passenger program or explain program (frequency, requirements), etc. (Check if explanation attached.)

5. Is this a seasonal operation? Yes No If yes, describe: _____

6. Have you ever had Truck Insurance under another name? Yes No If yes, list name and DOT #: Name: _____ DOT # _____

7. Do you carry Workers Compensation? If so, list the Carrier and Policy # _____ If not, do you provide Occ/Acc Coverage? Yes No

OUTBOUND TRIPS

How are you paid? Miles Trip Average rate you are paid per mile/per trip: _____

Maximum mileage one-way: _____ Average mileage one-way: _____

Do you enter Canada? Yes No If yes, what Provinces: _____

Total number of plates: _____ Estimated total number of deliveries: _____

Average # of trips per day: _____ Average # of trips per week: _____

Do operators have written contracts with you? Yes No **ATTACH COPY OF CONTRACT**

Top Six Customers:

RETURN TRIPS

Percentage of trips in major metro areas: _____

How are return trips handled? _____

Do you allow drivers to tow their own vehicles? Yes No If yes, how often: _____

Do drivers tow a vehicle for return trips? Yes No If yes, how often: _____

Do drivers rent vehicles for return trips? Yes No If yes, who is responsible for rental car cost? _____

TYPES OF UNITS TRANSPORTED

Autos:

PPT _____ Sports Cars _____ Luxury _____

Trucks:

Light Trucks (0-10,000 GVW) _____ Medium Trucks (10,001-20,000 GVW) _____

Heavy Trucks (20,001-45,000 GVW) _____ Tractors (45,001 and up GVW) _____

Buses: Charter _____ School _____

Limo _____ Airport _____

Motor Homes: _____ Fire Trucks: _____

Other: _____

New: _____ Used: _____

Percent of Values of Vehicles Transported:

20,000 or less _____ 20,001 to 50,000 _____
50,001 to 75,000 _____ 75,001 to 100,000 _____
Over 100,001 _____

SCHEDULE OF OWNED EQUIPMENT

Provide schedule of equipment to include: Make, Model, Year, Type, Complete VIN Number, GVW, Garaging Location, Stated Amount and Radius of Operation.

Type	Owned	Leased w/o Drivers	Owner Operators	Local (0-100)	Inter. (101-300)	Long Haul (Over 301)	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							
Other							

REVENUE AND MILEAGE / Actual and Estimated

	Period	Deliveries	Revenue	Mileage
Projected			\$	#
Current			\$	#
1 st Prior			\$	#
2 nd Prior			\$	#
3 rd Prior			\$	#
4 th Prior			\$	#

Attach IFTA's for past 4 quarters. (Check if copies attached.)
 Attach Current FYE Financial Statement including profit & loss statements and balance sheets. (Check if copy attached.)

SUMMARY OF EQUIPMENT VALUES / Physical Damage

Total Fleet Value (Current):	\$ _____
Total Fleet Value (1 st Prior):	\$ _____
Total Fleet Value (2 nd Prior):	\$ _____
Total Fleet Value (3 rd Prior):	\$ _____
Total Fleet Value (4 th Prior):	\$ _____

INSURANCE HISTORY & LOSS EXPERIENCE

HAS ANY INSURANCE COMPANY CANCELED OR NON-RENEWED YOUR POLICY IN THE LAST FOUR YEARS?
 Yes No If yes, explain: _____

Is your current coverage presently under Cancellation or Non-Renewal? Yes No
 If yes, explain: _____

Furnish currently valued (value dated within the last 3 months) Insurance Company produced detailed loss / experience for auto liability, physical damage and cargo. Loss runs must be for current year plus 4 (four) prior policy years.

Policy Term From	To	Insurance Company	# of Claims	Total Incurred
				\$
				\$
				\$
				\$
				\$

Describe any claim with payment or reserves over \$25,000. (Separate Sheet Attached - If necessary.)

Date of Loss	Amount of Loss / Reserve	Driver Involved in Loss	Description of Loss
	\$		
	\$		
	\$		
	\$		
	\$		

COVERAGES

Auto Liability

- Combined Single Limit (CSL) \$ _____ CSL
- Deductible* \$ _____ (*Loss Fund Agreement Required. Sample available upon request.)
- Non-Ownership Liability # of Employees: _____
- Hired Auto Liability Estimated Cost of Hire: _____
- Reporting Basis If reporting, indicate basis: Revenue Mileage

Uninsured / Underinsured Motorist and No-Fault

- Uninsured Motorist** \$ _____ Personal Injury Protection \$ _____
- Underinsured Motorist** \$ _____ Medical Payments \$ _____

** Coverage and limit choices in this section are for quoting purposes only.
A separate Carolina Casualty and/or ISO Uninsured Motorists / Underinsured Motorist selection/rejection form(s) must be completed and signed by the applicant when completing the application.

Physical Damage

- Comprehensive OR \$ _____ Deductible **Total Insured Values: \$ _____**
- Specified Perils \$ _____ Deductible
- Collision \$ _____ Deductible
- Extended Towing Limit \$ _____ \$5,000 included – Enter amount if higher limit requested.

CAROLINA CASUALTY INSURANCE COMPANY LOSS PREVENTION SERVICES

- ✓ CCIC's Loss Control staff can tailor loss control **consultative services** to meet your specific needs.
- ✓ Our Loss Control staff is available to our insured's to provide a **D.O.T. audit compliance review** so that insured will be prepared for a D.O.T. compliance audit before it happens.
- ✓ CCIC insureds can take advantage of our **Safe Driver Awards Program**.
- ✓ Our Loss Control staff will help our insureds conduct **effective safety meetings**.
- ✓ Seminars are available to CCIC insureds to help with **continuing education** of your drivers and other staff members.

NOTICE TO CALIFORNIA APPLICANTS: ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR REWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE & VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

NOTICE TO MICHIGAN APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.00.

NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240

NOTICE TO MINNESOTA APPLICANTS:

THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, 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.

NOTICE TO OHIO APPLICANTS:

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

NOTICE TO SOUTH CAROLINA APPLICANTS THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

IF I AM REQUESTING INSURANCE FOR ANY INDIVIDUALLY OWNED PICKUP TRUCK, PANEL TRUCK, VAN, OR SIMILAR MOTOR VEHICLE, AND I HAVE PREVIOUSLY USED THE VEHICLE(S) IN MY BUSINESS, I HAVE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION EITHER A COPY OF MY BUSINESS LICENSE, OR A COPY OF IRS FORM 1040, SCHEDULE C OR SCHEDULE C-EZ, DETAILING NET PROFIT OR LOSS DERIVED FROM THE LEGITIMATE COMMERCIAL USE OF THE VEHICLE(S). IF I HAVE NOT PREVIOUSLY USED SUCH VEHICLE(S) IN MY BUSINESS, OR IF I HAVE A NEW COMMERCIAL ENTERPRISE, I HAVE READ AND SIGNED THE SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT, ACORD 62 SC.

NOTICE TO UTAH APPLICANTS: ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR. A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES, IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR PAYMENT OF A LOSS OR BENEFIT CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE, OR IN SOME STATES IS, A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

COVERAGE HAS NOT COMMENCED. You, or your agent, may commence coverage only by requesting a licensed general agent of Carolina Casualty Insurance Company to bind coverage. A binder of insurance will be issued by our licensed general agent specifying the date and time coverage will become effective, but in no event shall coverage become effective prior to the date and time you, or your agent, contact a licensed general agent of Carolina Casualty Insurance Company and coverage is bound by him or her.

SIGNATURES

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute a reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the company as accurate and shall become part of the policy.

I recognize that all or parts of my operations are under the Department of Transportation oversight requiring me to adhere to their rules and regulations, acknowledge that DOT's rules and regulations are understood by me and I will adhere to the rules and regulations including, but not limited to, driver hiring, vehicle inspection and maintenance, and hours of service.

I authorize Carolina Casualty Insurance Co to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

Signature of APPLICANT X _____ Type or print Applicant Name: _____ Title or relationship to Applicant: _____ Licensed Broker/MGA of the Company: _____ Licensed Agent ID#: _____	Signature of AGENT of Applicant X _____ Agency Name: _____ Address of Agency: _____ _____ Agent License or Registration #: _____ Agent Phone Number: _____ Date Application Completed: _____
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