



9. Is any unit for which coverage is being requested used for hauling of any goods or products other than when the unit is under lease to others? .....  Yes  No  
 Explain any "yes" answer: .....

10. Previous carrier and loss experience—Past three (3) years:

Policy Period		Name of Prior Insurance Carrier	No. of Trucks	Premiums Paid	
From	To			Liability	Phys. Damage

TOTAL AMOUNT OF CLAIMS PAID				TOTAL AMOUNT UNSETTLED CLAIMS			
Date of Claim	Bodily Injury	Property Damage	Physical Damage	Date of Claim	Bodily Injury	Property Damage	Physical Damage

11. Has insurance for this type of coverage been canceled, declined or renewal refused? (Not applicable in Missouri.).....  Yes  No  
 If so, provide full details: .....

<b>LIMIT AND COVERAGE INFORMATION</b>
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12. Liability Coverage	Limits of Liability		Premium
Bodily Injury and Property Damage (CSL)	\$	each accident	
OR			
Bodily Injury	\$	each person      \$      each accident	
Property Damage	\$	each accident	
Medical Payments	\$	each person	
Uninsured Motorist	\$	Rejected	
Underinsured Motorist	\$	Rejected	
Personal Injury Protection	\$	each person	
Property Protection (Michigan only)	\$		
<b>Physical Damage</b>			
Specified Causes of Loss	\$	stated amount less \$      Deductible	
Comprehensive	\$	stated amount less \$      Deductible	
Collision	\$	stated amount less \$      Deductible	

**SCHEDULE OF VEHICLES**

13.

Unit No.	Year/ Model	Trade Name	Truck, Tractor, Semi-trailer, Full Trailer (indicate gas or diesel)	Complete Serial Number	Max. Gross Weight/Vehicle & Loads	Maximum Radius of Operations	Principal Location of Garaging	Rate Terr.
1.								
2.								
3.								
4.								

**PHYSICAL DAMAGE COVERAGES**

14.

Unit No.	Your Cost of Chassis, Body & Equipment	Date of Purchase	Stated Amount	Coverages Desired			Loss Payees (Name & Address) (Indicate Applicable Unit)
				Comp. Ded.	S.C. Ded.	Coll. Ded.	
1.							
2.							
3.							
4.							

**STATEMENT OF COVERAGE UNDERSTANDING**

I acknowledge that the automobile liability coverage I am applying for on this application is “Non-Trucking” coverage only and I am aware and accept that the policy I will receive contains the following exclusion:

“This insurance does not apply to ‘Bodily Injury’ or ‘Property Damage’ while a covered ‘auto’ is used to carry property in any business or while a covered ‘auto’ is used in the business of anyone to whom the ‘auto’ is leased or rented.”

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 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 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.

**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.

**PLEASE READ PRIOR TO SIGNING:**  
**Failure to provide a lease agreement within 45 days of the policy effective date will be considered cancellation at the insured's request. In the event of a cancellation or termination of coverage, a minimum premium of 25% is considered fully earned. By signing below, it is considered your acceptance of these terms and conditions.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

**(Applicable to Florida Agents Only)**

\_\_\_\_\_ IMPORTANT NOTICE \_\_\_\_\_

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.