

**National Casualty Company**  
 Home Office: Madison, Wisconsin  
 Adm Office: 8877 Gainey Center Dr.  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

**COMMERCIAL AUTOMOBILE/TRUCKERS APPLICATION**

Name of Applicant: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 P.O. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: (\_\_\_\_) \_\_\_\_\_  
 FEIN/Social Security/Soundex No. \_\_\_\_\_  
 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**

**DESCRIPTION OF OPERATIONS**

1. **Applicant is:**  Individual  Partnership  Corporation  Joint Venture  LLC  Other: \_\_\_\_\_
2. **Description of operations:** \_\_\_\_\_  
 \_\_\_\_\_  
 Attach appropriate supplemental application as needed.
3. **How long has this operation been in business?** \_\_\_\_\_
4. **How many years of experience does your management have in the truck/transportation business?** \_\_\_\_\_  
 Provide an explanation of their experience: \_\_\_\_\_
5. **Have you had any insurance canceled, declined or non-renewed in the last three years** (Not applicable in Missouri)? .....  Yes  No  
 If yes, explain: \_\_\_\_\_
6. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_
7. **Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries or has the applicant operated under a different name?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_

8. **Is there a formal safety program?**.....  Yes  No  
 If yes, provide details or a copy: \_\_\_\_\_  
 \_\_\_\_\_
9. **List commodities transported:** \_\_\_\_\_
10. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** .....  Yes  No  
 If yes, provide specific details: \_\_\_\_\_
11. **Radius of operations:**  Intrastate only  Interstate  
 0-100 miles \_\_\_\_\_%, 101-300 miles \_\_\_\_\_%, 301-500 miles \_\_\_\_\_%, Over 500 miles \_\_\_\_\_%
12. **List all states in which vehicles operate:** \_\_\_\_\_  
 a. For all states, list largest cities entered: \_\_\_\_\_  
 b. For all states, list farthest city entered from garaging location: \_\_\_\_\_
13. **Is your operation subject to time constraints when delivering the commodity?** .....  Yes  No
14. **Do you haul for others?** .....  Yes  No  
 If yes, indicate percentage and for whom: \_\_\_\_\_
15. **Do you back haul?** .....  Yes  No  
 If yes, advise for whom and commodities transported? \_\_\_\_\_  
 \_\_\_\_\_
16. **Do you have a signed trailer interchange agreement?**.....  Yes  No  
 If yes, provide a copy of the signed agreement, cover letter and provider list.
17. **Do you operate under a UIIA (Uniform Intermodal Interchange Association) contract?** .....  Yes  No  
 If yes, provide a copy of the signed contract, cover letter and provider list.
18. **Do any units have special equipment, customizations or alterations?** .....  Yes  No  
 a. If yes, describe: \_\_\_\_\_  
 b. If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? \_\_\_\_\_
19. **Are any vehicles used by family members?** .....  Yes  No  
 If yes, list and provide MVRs: \_\_\_\_\_
20. **Is there personal use of vehicles?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_
21. **Do you allow passengers?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_
22. **Are any vehicles or equipment loaned, rented, or leased to others?** .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
23. **Are all drivers covered by Workers' Compensation insurance?** .....  Yes  No

<b>DRIVER INFORMATION</b>
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24. **Is there a formal driver hiring procedure?** .....  Yes  No  
 If yes, provide a copy.

25. Is there a formal driver training program? .....  Yes  No

If yes, provide a copy.

26. Do you:

Perform employee drug & alcohol screening/testing? .....  Yes  No

Perform criminal background checks? .....  Yes  No

Have a "Good Driver" incentive program.....  Yes  No

Order MVRs prior to allowing employees to drive? .....  Yes  No

27. Criteria for hiring drivers: minimum age: \_\_\_\_\_ years of experience: \_\_\_\_\_

Describe MVR standards: \_\_\_\_\_

28. Average driver turnover per year: ..... %

Number of drivers hired in the past twelve (12) months: \_\_\_\_\_

29. Is there an accident review procedure? .....  Yes  No

If yes, please describe: \_\_\_\_\_

30. Are all drivers employees? .....  Yes  No

If no, provide copy of contract.

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

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

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

34. Are driver teams used? .....  Yes  No

35. Are drivers assigned to specific units? .....  Yes  No

36. List below all drivers, owners/officers, partners 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	D/C*	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

\*Designation Code: O—Owner/Officer, P—Partner, E—Employee

**VEHICLE INFORMATION**

37. Number of vehicles owned: \_\_\_\_\_ Light \_\_\_\_\_ Medium \_\_\_\_\_ Heavy \_\_\_\_\_ Extra Heavy  
 \_\_\_\_\_ Tractors \_\_\_\_\_ Trailers \_\_\_\_\_ Private Passenger Types



45. Provide exact name and address as shown on application for filings, permits, certificates, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

46. Are there any special requirements needed for City permits, Certificates of Insurance, oversize and/or over weight permits? .....  Yes  No  
If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

**HIRED AUTO INFORMATION—Coverage Subject to Audit**

47. Why is hired auto coverage being requested? \_\_\_\_\_

48. 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  
Does it include a Hold Harmless agreement and/or Additional Insured clause? .....  Yes  No  
**Provide a copy of the agreement.**

49. Do you hire independent contractors? .....  Yes  No  
If yes, do you require certificates of insurance? .....  Yes  No  
**Provide a copy of the contract.**

50. If owner/operators are leased, will they be scheduled on your policy? .....  Yes  No  
If yes, provide a copy of the agreement you use.

51. Do you use sub-haulers? .....  Yes  No  
If yes, provide cost of hire. \$ \_\_\_\_\_  
**Provide a copy of the contract.**

52. Do you lease, hire, rent, or borrow any vehicles from others without drivers? .....  Yes  No  
Will they be scheduled on the policy? .....  Yes  No  
What is the average term of the lease? \_\_\_\_\_

53. What is your cost to lease, hire, rent or borrow vehicles? With drivers \$ \_\_\_\_\_ Without drivers \$ \_\_\_\_\_  
Estimated cost of hired autos: This year: \$ \_\_\_\_\_ Last year: \$ \_\_\_\_\_

54. Is Hired Auto Physical Damage coverage desired? .....  Yes  No  
If yes, average value of auto hired? \$ \_\_\_\_\_

55. How many autos are hired on average within a twelve (12) month period? \_\_\_\_\_

56. How many hired autos are in the insured's possession at any one time? \_\_\_\_\_

57. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors \_\_\_\_\_% Trailers \_\_\_\_\_%  
Heavy & Extra Trucks \_\_\_\_\_% Pickup trucks or Vans \_\_\_\_\_% Private Passenger Cars \_\_\_\_\_%

58. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? .....  Yes  No  
If yes, explain: \_\_\_\_\_

59. Do you arrange or dispatch loads for others, not including your own hired truckers? .....  Yes  No  
Explain: \_\_\_\_\_  
Are you named on the Bills of Lading? .....  Yes  No  
Annual number of Truckers: \_\_\_\_\_ Loads: \_\_\_\_\_

**60. Do you have motor carrier brokerage authority?**.....  Yes  No  
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation?.....  Yes  No  
 What is your motor carrier brokerage number? \_\_\_\_\_  
 Whose name appears on the bill of lading as the carrier? \_\_\_\_\_  
 What is your brokerage revenue for the most recent twelve (12) months? \_\_\_\_\_  
 Estimated next twelve (12) months? \_\_\_\_\_

**61. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium?** .....  Yes  No

**NON-OWNED AUTO INFORMATION—Coverage Subject to Audit**

**62. Why is non-ownership liability coverage being requested?** \_\_\_\_\_

**63. What types of non-owned autos will be used in your business?** \_\_\_\_\_  
 Total number of non-owned autos used: \_\_\_\_\_ How will they be used? \_\_\_\_\_

**64. How often are non-owned autos used in your business?**  Daily  Weekly  Monthly  Other: \_\_\_\_\_  
 Estimate the number of hours per month: \_\_\_\_\_  
 Estimated annual mileage for use of all non-owned autos: \_\_\_\_\_

**65. Do any employees use their autos in your business?** .....  Yes  No  
 If yes, what limit of liability insurance are they required to maintain? \_\_\_\_\_  
 Do you require evidence of insurance? .....  Yes  No

**66. Will you use non-owned autos other than those owned by employees?** .....  Yes  No  
 If yes, describe the relationship: \_\_\_\_\_

**67. Total number of employees:** \_\_\_\_\_ **Total number of officers and partners:** \_\_\_\_\_

**68. If a social service operation, do you use the autos of volunteers?** .....  Yes  No  
 Maximum number of volunteers at any one time: ..... \_\_\_\_\_  
 How will they use their vehicles? \_\_\_\_\_

**69. Are volunteers required to have their own insurance?** .....  Yes  No  
 Minimum limits required: \_\_\_\_\_

**70. Do you obtain motor vehicle records for all employees and volunteers?** .....  Yes  No

**71. Do you understand that we may audit your records for Non-Owned auto exposure, which might result in an additional premium?** .....  Yes  No

**LIMIT AND COVERAGE INFORMATION**

**72. Liability:** Combined Single Limits \$ \_\_\_\_\_  
 Split Limit: B.I. Per Person: \$ \_\_\_\_\_ B.I. Per Accident \$ \_\_\_\_\_ Property Damage: \$ \_\_\_\_\_  
 Liability Deductible:  \$1,000  Over \$1,000 + \_\_\_\_\_ **Submit to company—financials may be required**

**73. Hired Auto:** Cost of Hire: \$ \_\_\_\_\_  
**Hired auto coverage is subject to audit.**

**74. Non-owned Auto:** Number of: Partners: \_\_\_\_\_ Employees: \_\_\_\_\_ Volunteers: \_\_\_\_\_  
**Non-owned auto coverage is subject to audit.**

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

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

(Complete appropriate UM/UIM Selection/Rejection Form for Questions **75.** and **76.**)

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

**78. Mandatory no-fault state:** PIP basic limits accepted? .....  Yes  No

(Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions **77.** and **78.**)

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

**80. Trailer Interchange:** Limit \$ \_\_\_\_\_ Number of Trailers: \_\_\_\_\_

Deductibles:  Comp \$ \_\_\_\_\_  SCOL \$ \_\_\_\_\_  Coll \$ \_\_\_\_\_

**81. Do you understand that we may audit your records, which might result in an additional premium?** .....  Yes  No

**82. Are any Lessors or other entities to be added as additional insureds?**.....  Yes  No

If yes, list:

NAME	VEHICLE	ADDRESS	RELATIONSHIP/INTEREST

**VEHICLE SCHEDULE**

(Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:	License plate No.:	
GVW/GCW:	Class.:	
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

<b>Vehicle No.:</b>	<b>Year:</b>	<b>V.I.N.:</b>
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate No.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

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.

**FRAUD WARNING (APPLICABLE IN FLORIDA):**

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.

**FRAUD WARNING (APPLICABLE IN MAINE):**

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 a denial of insurance benefits.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**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 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

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

(Must be signed by an active owner, partner or executive officer.)

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

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

(Applicable in Florida Agents Only)

**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.