

**National Casualty Company**  
 Home Office: Madison, Wisconsin  
 Adm. Office: 8877 North Gainey Center Drive  
 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

**Drive-A-Way/Toter Supplemental Application**  
 (Complete in addition to the Commercial Automobile Application)

**Applicant Name:** \_\_\_\_\_

**Motor Carrier Number:** \_\_\_\_\_

**1. Account Profile**

	Current Year Estimate	Next Year Estimate	First Prior Year	Second Prior Year
Revenue				
Total number of miles				
Total number of deliveries				

**2. Transporter Plates**

	Current Year Estimate	Next Year Estimate	First Prior Year	Second Prior Year
Total number of transporter plates				
<b>Average number of transporter plates on the road at any one time:</b>				
Heavy season				
Light season				

**3. Do you own all plates shown on this application?** .....  Yes  No  
 If no, list owner: \_\_\_\_\_

**4. How are the plates returned after completion of delivery?** \_\_\_\_\_  
 \_\_\_\_\_

**5. Radius of Operation**

Number of deliveries by mileage:  
 Up to 100 miles: \_\_\_\_\_ 101-300 miles: \_\_\_\_\_ 301-500 miles: \_\_\_\_\_  
 501-1,000 miles: \_\_\_\_\_ More than 1,000 miles: \_\_\_\_\_  
 Average distance each way for each delivery: \_\_\_\_\_  
 Maximum miles of any delivery (one way): \_\_\_\_\_ How often? ..... \_\_\_\_\_%  
 Do deliveries go outside the United States? .....  Yes  No  
 If yes, describe: \_\_\_\_\_

6. Do you tow a return vehicle? .....  Yes  No

If yes, how often? \_\_\_\_\_

If yes, list owner: \_\_\_\_\_

7. How often are units stacked/piggybacked? \_\_\_\_\_

8. Type 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		%

**9. Client Information**

	Name	Percentage of Revenue	Number of Deliveries
<b>Manufacturers</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Dealers</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Auctions</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Wholesalers</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Rental Agencies</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>Others</b>	1.	1.	1.
	2.	2.	2.
	3.	3.	3.

**10. Drivers/Operators**

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

11. **Number of full time:** \_\_\_\_\_ **Number of part time:** \_\_\_\_\_

12. **Number of employees using their own vehicles when working for applicant:** \_\_\_\_\_

Are certificates of insurance required? .....  Yes  No

13. **Criteria for hiring drivers: Minimum age:** \_\_\_\_\_ **Years of experience:** \_\_\_\_\_

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

14. Is there an MVR review procedure for potential new hires and for current drivers? .....  Yes  No  
If yes, what standards are used when evaluating a driver's MVR for acceptability? \_\_\_\_\_

15. Are there written contracts with each driver or operator? .....  Yes  No  
Does the contract prohibit unauthorized use of your transporter plates? .....  Yes  No

Attach a copy of the contract.

16. Equipment Used by Toters

	Number of Power Units		Number of Units
Tractors		Semi-trailers	
Trucks with fifth wheels		Trailers	
Pickups with fifth wheels		Car Carriers	
Cars/Private Passengers		Other	

17. Drive-A-Way Physical Damage Coverage Limit

Maximum value of any single unit being driven..... \$ \_\_\_\_\_  
Average value of any single unit being driven:..... \$ \_\_\_\_\_  
Maximum value on the road at any one time: ..... \$ \_\_\_\_\_

18. Toter—Cargo Coverage Limit

Maximum value of any single unit being delivered:..... \$ \_\_\_\_\_  
Average value of any single unit being delivered:..... \$ \_\_\_\_\_  
Maximum value on the road at any given time:..... \$ \_\_\_\_\_

19. Maximum value of all units at any one terminal location:..... \$ \_\_\_\_\_

Describe security/protective devices at terminal location: \_\_\_\_\_

ADDITIONAL INFORMATION

20. Management's years of experience in the drive-a-way/toter business: .....

21. Are there operations other than drive-a-way or toting? .....  Yes  No  
If yes, please explain: \_\_\_\_\_

22. Are there any towing or repossession operations? .....  Yes  No

23. Does applicant have brokerage authority? .....  Yes  No  
If yes, is the brokerage authority held under the same name and Motor Carrier number as the drive-a-way or toter operation? .....  Yes  No

If no, provide DOT number for the brokerage authority operation: \_\_\_\_\_

What is the brokerage authority revenue? Most recent twelve (12) months: \_\_\_\_\_

Next twelve (12) months: \_\_\_\_\_

FILING INFORMATION

24. Do you hold an ICC/FHWA permit or UCRA/DOT registration? .....  Yes  No  
If yes, provide: US DOT No. \_\_\_\_\_, MC No. \_\_\_\_\_, Base State \_\_\_\_\_

25. State filings required? .....  Yes  No  
If yes, list states and provide necessary state motor carrier number, if applicable: \_\_\_\_\_

26. Show exact name and address in which permits are to be issued: \_\_\_\_\_

\_\_\_\_\_

27. Are there any special requirements needed for city permits, certificates of insurance, oversize and/or over weight permits? .....  Yes  No

If yes, provide details: \_\_\_\_\_

**PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY**

28. Include a minimum of four years currently valued company loss runs for all accounts.

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

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

**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 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.

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 to Florida Agents Only)