



Non-Trucking Application

Proposed Effective Date: From _____ To _____

General Information

Applicant's Name: _____

(Address) (City) (State) (Zip)

Applicant's Phone Number: _____

FEIN or Social Security # (of First Named Insured): _____

Description of Operations

1. Applicant is: An Individual A Partnership A Corporation

2. Number of years experience as a commercial truck driver _____

3. Name of Authorized Carrier to whom equipment is leased: _____

(Address) (City) (State) (Zip)

Phone Number: _____ Contact Person: _____

DOT/ICC Docket No. _____

4. Cargo Hauled _____

Any trip leasing done? Yes No If yes, explain fully: _____

5. Normal Radius of Operation for use under Lease _____

Approximate Annual miles under lease _____

Total Miles _____

6. Does applicant allow non-employee passengers? Yes No

Coverages and Limits

Liability

Combined Single Limit \$ _____

Uninsured Motorists Coverage Yes No Limit \$ _____

Underinsured Motorists Coverage Yes No Limit \$ _____

Uninsured Motorists Property Damage (not available in all states) Yes No Limit \$ _____

Uninsured/Underinsured Motorists Stacking (only available in Florida) Yes No

No-Fault Basic Limits Coverage (not available in all states) Yes No

Medical Payments Yes No Limit \$ _____

Personal Injury Protection (not available in all states) Yes No Limit \$ _____

Physical Damage

Specified Causes of Loss Yes No

Comprehensive Yes No

Collision Yes No

Schedule of Vehicles

Unit No.	Year Make/Model	Truck Tractor Trailer	Vehicle Identification Number	Max Gross Weight Vehicle & Loads (lbs)	Principal City State and Zip of Garaging
1.					
2.					
3.					

Physical Damage Coverages

Unit No.	Stated Amount	Deductibles Desired		Loss Payees Name & Address (Indicate Applicable Unit)
		SP/Comp Ded.	Coll Ded.	
1.				
2.				
3.				

Is any unit shown above used for hauling of **any** goods or products while not under lease to others? Yes No

Explain any "yes" answer: _____

Previous Carrier and Loss Experience – Past five (5) years:

POLICY PERIOD		NAME OF PRIOR INSURANCE CARRIER	TOTAL NO. OF CLAIMS	TOTAL AMOUNT INCURRED	
FROM	TO			LIABILITY	PHYS. DAMAGE

Has insurance for this type coverage been canceled, declined or renewal refused? (not applicable in MO) Yes No

If so, provide full details. _____

Driver's List

List of Drivers	Years Exp.	Date Of Birth	Driver's License Number	State	Violations and Accidents for the past 3 years

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES.

Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued. The applicant also acknowledges having read the Statement of Coverage Understanding below.

Notice to Nebraska Applicant: **No misrepresentations or warranty made by the insured or on his behalf in the negotiation or application of this policy or contract of insurance shall defeat or void the policy or contract or effect the company's obligation under the policy or contract unless such misrepresentation or warranty was material, was made knowingly with the intent to deceive, was relied and acted upon by the company and deceived the company to its injury. The breach of a warranty or condition in any contract or policy of insurance shall not void the policy or allow the company to avoid liability unless such breach exists at the time of the loss and contributes to the loss.**

Fraud Notice to Applicants: 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 false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other 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.

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 statement is guilty of a felony of the third degree.

KANSAS: A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer or purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of or the rating of, an insurance policy for commercial or personal insurance, or a claim of payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or 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.

OHIO: Any person who, with intent to defraud or knowing that he 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.

OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA: 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 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.

TENNESSEE: 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.

VIRGINIA: 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.

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.

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' issued in the business of anyone to whom the 'auto' is leased or rented."

Date _____ Applicant's
Signature _____

Agent's Name _____ Agent's License # _____ Agent's Address _____