

# Truck Application

COLUMBIA INSURANCE COMPANY  
 NATIONAL FIRE & MARINE INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY  
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA  
 NATIONAL INDEMNITY COMPANY OF THE SOUTH  
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

1. Name (and "dba") \_\_\_\_\_ **Tax ID:** \_\_\_\_\_  
 Individual/Proprietorship  Partnership  Corporation  Other Business Phone Number \_\_\_\_\_
2. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Premises Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Person to contact for inspection (name and phone number) \_\_\_\_\_
5. Have you ever had insurance with one of the companies listed at the top of this page?  Yes  No  
 If yes, Policy Number(s) \_\_\_\_\_ Effective Date(s) \_\_\_\_\_

## DESCRIPTION OF OPERATIONS

6. Describe business \_\_\_\_\_  
 Years experience \_\_\_\_\_ New Venture?  Yes  No If you are a tow truck operation, do you do repossessions?  Yes  No
7. Is this your primary business?  Yes  No If no, explain \_\_\_\_\_  
 Seasonal?  Yes  No
8. Have you ever filed for Bankruptcy?  Yes  No If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
9. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_ Business for sale?  Yes  No
10. Do you operate in more than one state?  Yes  No If yes, list states \_\_\_\_\_
11. Do you haul for hire?  Yes  No Show largest cities entered \_\_\_\_\_
12. Do you operate over a regular route?  Yes  No If yes, show towns operated between \_\_\_\_\_
13. Are you a common carrier?  Yes  No Are you a contract hauler?  Yes  No If yes, for whom \_\_\_\_\_
14. List all types of cargo hauled \_\_\_\_\_
15. Do you haul any hazardous or extra hazardous substances or materials as defined by EPA?  Yes  No If yes, provide complete listing identifying all material(s) and/or chemical content: \_\_\_\_\_
16. Do you haul your own cargo exclusively?  Yes  No If not, who owns it? \_\_\_\_\_
17. Do you pull double trailers?  Yes  No Triple trailers?  Yes  No
18. Do you rent or lease your vehicles to others?  Yes  No If yes, attach copy of rental or lease agreement form used.
19. Do you hire any vehicles?  Yes  No Complete Hired and Non-Owned Supplemental Questionnaire if coverage is desired.

## LIABILITY COVERAGE — Complete for desired coverages by indicating limits of insurance.

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED, REFER TO FOLLOWING PAGE. IF IN-TOW COVERAGE DESIRED, COMPLETE TOW TRUCK SUPPLEMENT. HIRED, NON-OWNED - M-4055.
Combined Single Limit BI & PD	Split Limits					
	Bodily Injury		Property Damage			
	Each Person	Each Accident	Each Accident			

**APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

## DRIVER INFORMATION — If additional space is needed, attach separate listing.

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, Truck, Tractor, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

**DRIVER INFORMATION (Continued) — If additional space is needed, attach separate listing.**

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

**PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.**

20. Are drivers covered by Workers Compensation?  Yes  No If yes, name of carrier \_\_\_\_\_
21. Minimum years driving experience required \_\_\_\_\_ Are vehicles owner-driven only?  Yes  No
22. Are drivers ever allowed to take vehicles home at night?  Yes  No If yes, will family members drive?  Yes  No
23. Do you order MVR's on all drivers prior to hiring?  Yes  No Driver's maximum driving hours \_\_\_\_ daily, \_\_\_\_ weekly
24. Do you agree to report all newly hired operators?  Yes  No
25. What is the basis for driver(s) pay?  Hourly  Trip  Mileage  Other, explain \_\_\_\_\_

**SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.**

Veh. No.	Model Year	Vehicle Make & Model	Body Type (Truck, Tractor, Trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

26. Will lessor be added as additional insured?  Yes  No If yes, give name and address of lessor for each vehicle \_\_\_\_\_
27. Number of vehicles owned: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_
28. Number of vehicles leased: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_

**PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above.**

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible		Cargo Limit of Insurance
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

29. Any loss payees?  Yes  No If yes, give name and address of mortgagee/loss payee for each vehicle \_\_\_\_\_

**LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.**

Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/Coll	Other
/ /	/ /									
/ /	/ /									
/ /	/ /									

30. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_
31. Have you ever been declined, cancelled or non-renewed for this kind of insurance?  Yes  No If yes, date and why \_\_\_\_\_

**CARGO INFORMATION — 100% coinsurance clause applies. Use Tow Truck Supplement for In-Tow/On Hook coverage.**

**PREVIOUS CARGO CARRIER AND LOSS EXPERIENCE (list for the past three years with most recent carrier first).**

Policy Term		Company & Policy Number	Premium	Number of Claims	Cause of Loss	Amount Paid	Reserves
From	To						
/ /	/ /						
/ /	/ /						
/ /	/ /						

Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value	Limit of Insurance	Deductible
				<b>SEE PHYSICAL DAMAGE COVERAGE SECTION</b>	<input type="checkbox"/> \$500
					<input type="checkbox"/> \$1,000
					<input type="checkbox"/> \$2,500
					<input type="checkbox"/> Other _____

If applicant hauls double wide mobile homes, Limit of Insurance must be equal to the value of both sides combined to satisfy co-insurance. Amount of insurance on each truck should equal maximum load carried.

32. Select type of cargo coverage desired:  Named Perils or  Broad Form
33. Additional Coverage Options (additional premium may apply):  Additional Insured Endorsement (Lessee)  Loading and Unloading Coverage  
 Earned Freight Coverage  Refrigeration Breakdown Coverage  Hired Car Cargo Coverage  Exclude Theft Coverage

**FILING INFORMATION**

34. Is an FHWA filing required?  Yes  No If yes, MC number \_\_\_\_\_  
 Common  Contract  Broker Do you require FHWA cargo filing?  Yes  No
35. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations \_\_\_\_\_
36. If you are an interstate regulated carrier, identify your registration or base state \_\_\_\_\_
37. Is an intrastate filing needed?  Yes  No If yes, show state and permit number \_\_\_\_\_  
 List states for which insured requires CARGO FILINGS (check name on permits) \_\_\_\_\_
38. Show exact name and address in which permits are issued \_\_\_\_\_
39. Is MCS 90 endorsement needed?  Yes  No
40. Is our policy to cover all vehicles owned, operated or under lease to applicant?  Yes  No If no, explain \_\_\_\_\_
41. Are oversize, overweight commodities hauled?  Yes  No If filing required, show states \_\_\_\_\_  
 Are escort vehicles towed on return trips?  Yes  No
42. Does your authority allow for transportation of hazardous commodities?  Yes  No
43. Do you allow others to haul hazardous commodities under your authority?  Yes  No
44. Have you ever changed your operating name?  Yes  No Do you operate under any other name?  Yes  No
45. Do you operate as a subsidiary of another company?  Yes  No  
 • Do you own or manage any other transportation operations that are not covered?  Yes  No
47. Do you lease your authority?  Yes  No Do you appoint agents or hire independent contractors to operate on your behalf?  Yes  No
48. Have you purchased, sold or applied for authority over the past 3 years?  Yes  No
49. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)?  Yes  No
50. Is evidence/certificate(s) of coverage required?  Yes  No
51. Please explain any "yes" answer to questions 44 through 50 \_\_\_\_\_

52. Do you have agreements with other carriers for the interchange of equipment or transportation of loads?  Yes  No  
 If yes, attach a copy of current agreements and complete the following:  
 (a) With whom has such agreement(s) been made? \_\_\_\_\_  
 (b) Do the parties named in (a) carry automobile liability insurance?  Yes  No  
 If yes, name of insurance company and limits of liability (Bodily Injury & Property Damage) \_\_\_\_\_  
 (c) Under whose permit does each of the parties to the agreement(s) operate? \_\_\_\_\_  
 (d) Is there a hold harmless in the agreement(s)?  Yes  No
53. Do you barter, hire or lease any vehicles?  Yes  No If yes, explain \_\_\_\_\_



Premium Adjustment  
(if any)  
\$

**DELETION OF UNINSURED MOTORISTS COVERAGE  
FROM POLICY, SELECTION OF LOWER LIMIT  
OF LIABILITY, WAIVER OF COLLISION DEDUCTIBLE  
(California)**

The California Insurance Code (Section 11580.2) requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.\*

Under the California Insurance Code (Section 11580.26) it is required, provided bodily injury uninsured motorists coverage is not rejected, where a policy of motor vehicle liability insurance does not include collision insurance on the insured motor vehicle, that the insurer offer to cover property damage on the insured motor vehicle (not including personal property therein) caused by the owner or operator of an uninsured motor vehicle. Such coverage of loss or damage by collision shall not exceed the actual cash value or \$3,500, whichever is less. The insured may elect not to accept such coverage or to waive such coverage when the motor vehicle is operated by a person or person designated by name. Property damage does not include loss of use of the motor vehicle.

Section 11580.26 further requires that where a policy of motor vehicle liability insurance includes collision coverage on the insured motor vehicle, subject to a deductible to be paid by the insured, that the insurer offer to provide coverage in the amount of the deductible in the event of collision involving a vehicle, including a trailer, owned by the named insured and insured under the policy and an uninsured motor vehicle. You may elect not to accept this offer or to waive this coverage when the insured vehicle is used or operated by a person or person designated by name.

In accordance with the above described California Insurance Code the undersigned insured (and each of them) –

**(Applicable item marked "X")**

- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted.
- agrees that the Uninsured Motorists Coverage afforded in the policy for bodily injury is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

_____	_____
NAME OF INDIVIDUAL	NAME OF INDIVIDUAL

- agrees that the following lower limit of liability for bodily injury applies with respect to the Uninsured Motorists Coverage afforded in the policy:  
\$ \_\_\_\_\_ each person (enter limit if applicable); \$ \_\_\_\_\_ each accident.
- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted.
- agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy (applicable to motor vehicle(s) without Collision Coverage) is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

_____	_____
NAME OF INDIVIDUAL	NAME OF INDIVIDUAL

- agrees that Uninsured Motorists Coverage provides property damage coverage to the following motor vehicle(s):  
Veh. No. \_\_\_\_\_ Veh. No. \_\_\_\_\_  
Veh. No. \_\_\_\_\_ Veh. No. \_\_\_\_\_
- agrees that the offer to waive the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby rejected.
- agrees that the waiver of the collision deductible for property damage in the event of a collision with an uninsured motor vehicle and a motor vehicle afforded Collision Coverage under the policy is hereby deleted with respect to the following designated individual(s) when operating a motor vehicle:

_____	_____
NAME OF INDIVIDUAL	NAME OF INDIVIDUAL

- agrees to accept the offer to waive the deductible under the Collision Coverage applying to the following covered auto(s), including trailer(s), in the event of collision with an uninsured motor vehicle:  
Veh. No. \_\_\_\_\_ Veh. No. \_\_\_\_\_  
Veh. No. \_\_\_\_\_ Veh. No. \_\_\_\_\_

_____	_____
SIGNATURE OF INSURED	SIGNATURE OF INSURED

\*Section 11580.2(a)(2) of the California Insurance Code UA 188 (Ed. 4-95) UNIFORM PRINTING & SUPPLY INC. © 1995

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the FHWA requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed?  Yes  No If yes, with whom \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Is this direct business to your office? \_\_\_\_\_ If not, explain \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote  Please bind at earliest possible date and issue policy

Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address

\_\_\_\_\_  
Phone No.