

Trucker Commercial Insurance Application: Wesco Insurance Company

IT IS SPECIFICALLY REPRESENTED THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. IT IS FURTHER UNDERSTOOD THAT THE REPRESENTATIONS IN THIS APPLICATION HAVE BEEN MADE TO THE INSURANCE COMPANY FOR THE PURPOSE OF INDUCING THE INSURANCE COMPANY TO ISSUE THE INSURANCE POLICY, AND THE INSURANCE COMPANY IS RELYING UPON THE TRUTHFULNESS OF THE STATEMENTS IN MAKING THE DECISION TO ACCEPT THIS RISK.

GENERAL APPLICANT INFORMATION:				
APPLICANT LEGAL NAME INCLUDING COMPANY "DBA" OR "TA" IF ANY :				CELL PHONE NUMBER:
BUSINESS PHONE AND FAX NUMBERS: PHONE: FAX:	E-MAIL ADDRESS:		ENTITY TYPE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (EXPLAIN) _____	
FEIN NUMBER IF CORP , LLC, PARTNERSHIP OR OTHER:	SOCIAL SECURITY NO. IF INDIVIDUAL OF DBA:		IS A FMCSA FILING REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO. IF YES, US DOT OR MC NUMBER:	
IS THIS A NEW VENTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS IN BUSINESS		IS GARAGE LOCATION INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF CITY	
MAILING ADDRESS		CITY	STATE	ZIP
PHYSICAL ADDRESS REQUIRED IF MAILING ADDRESS IS A POSTAL BOX			CONTACT PERSON NAME AND PHONE NUMBER (FOR INSPECTION)	
GARAGE ADDRESS, IF DIFFERENT		CITY	STATE	ZIP
POLICY TERM	FROM	TO	NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/>	IF RENEWAL -EXPIRING POLICY NO:
BRIEF DESCRIPTION OF BUSINESS OPERATIONS				
IS THIS YOUR PRIMARY BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:			HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN _____ PLEASE EXPLAIN:	
HAVE YOU EVER HAD A POLICYCANCEL FOR NON-PAYMENT IN THE PAST FIVE YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES , WHEN _____ PLEASE EXPLAIN: (NOT APPLICABLE IN MISSOURI)			DO YOU ENTER MEXICO? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: DO YOU ENTER CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	
WHAT COMPANY (IES) DO YOU HAUL FOR? (NAME, ADDRESS AND PHONE NO.)				
GIVE PRINCIPAL COMMODITIES TRANSPORTED AND PERCENTAGE (INCLUDING ANY COMMODITIES BACKHAULED):				
%	%	%	%	
%	%	%	%	
IF ANY OF THE FOLLOWING COMMODITIES ARE TRANSPORTED, GIVE PERCENTAGE OF GROSS RECEIPTS: <input type="checkbox"/> %PHARMACEUTICALS <input type="checkbox"/> %LIQUOR <input type="checkbox"/> %TOBACCO <input type="checkbox"/> % COSMETICS <input type="checkbox"/> %LPG <input type="checkbox"/> % EXPLOSIVES <input type="checkbox"/> % CORROSIVES <input type="checkbox"/> % OTHER PETROLEUM <input type="checkbox"/> %ACIDS AND CHEMICALS <input type="checkbox"/> %ANHYDROUS AMMONIA <input type="checkbox"/> % NUCLEAR SPENT FUEL OR WASTE <input type="checkbox"/> %OTHER VOLATIVES, TOXIC, OR HAZARD <input type="checkbox"/> %OTHER TARGET COMMODITIES EXPLAIN OTHER:				
OPERATIONS: (CHECK APPLICABLE) <input type="checkbox"/> CONTRACT CARRIER <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> EXEMPT CARRIER <input type="checkbox"/> FREIGHT BROKER <input type="checkbox"/> OTHER: _____				
LIST PERCENTAGE OF TRIPS IN EACH RADIUS GROUP: <input type="checkbox"/> % 0-50 MILES <input type="checkbox"/> % 51-200 MILES <input type="checkbox"/> % 201-1000 MILES <input type="checkbox"/> % OVER 1000 MILES				

INDICATE ALL LOCATIONS WHERE YOU REGULARLY PICK-UP OR DROP OFF LOADS:

- | | | | | | |
|---|--|---|--|---|---|
| <input type="checkbox"/> 1 ATLANTA | <input type="checkbox"/> 9 DALLAS/FT WORTH | <input type="checkbox"/> 18 LOS ANGELES | <input type="checkbox"/> 27 OKLAHOMA CITY | <input type="checkbox"/> 36 SAN FRANCISCO | <input type="checkbox"/> 47 SOUTHEAST |
| <input type="checkbox"/> 2 BALTIMORE/
WASHINGTON | <input type="checkbox"/> 10 DENVER | <input type="checkbox"/> 19 LOUISVILLE | <input type="checkbox"/> 28 OMAHA | <input type="checkbox"/> 37 TULSA | <input type="checkbox"/> 48 EASTERN |
| <input type="checkbox"/> 3 BOSTON | <input type="checkbox"/> 11 DETROIT | <input type="checkbox"/> 20 MEMPHIS | <input type="checkbox"/> 29 PHOENIX | <input type="checkbox"/> 40 PACIFIC COAST | <input type="checkbox"/> 49 NEW ENGLAND |
| <input type="checkbox"/> 4 BUFFALO | <input type="checkbox"/> 12 HARTFORD | <input type="checkbox"/> 21 MIAMI | <input type="checkbox"/> 30 PHILADELPHIA | <input type="checkbox"/> 41 MOUNTAIN | <input type="checkbox"/> 50 ALASKA |
| <input type="checkbox"/> 5 CHARLOTTE | <input type="checkbox"/> 13 HOUSTON | <input type="checkbox"/> 22 MILWAUKEE | <input type="checkbox"/> 31 PITTSBURGH | <input type="checkbox"/> 42 MIDWEST | <input type="checkbox"/> 51 SAN DIEGO |
| <input type="checkbox"/> 6 CHICAGO | <input type="checkbox"/> 14 INDIANAPOLIS | <input type="checkbox"/> 23 MINN./ST PAUL | <input type="checkbox"/> 32 PORTLAND | <input type="checkbox"/> 43 SOUTHWEST | <input type="checkbox"/> 52 SEATTLE |
| <input type="checkbox"/> 7 CINCINNATI | <input type="checkbox"/> 15 JACKSONVILLE | <input type="checkbox"/> 24 NASHVILLE | <input type="checkbox"/> 33 RICHMOND | <input type="checkbox"/> 44 NORTH CENTRAL | <input type="checkbox"/> 53 SACRAMENTO |
| <input type="checkbox"/> 8 CLEVELAND | <input type="checkbox"/> 16 KANSAS CITY | <input type="checkbox"/> 25 NEW ORLEANS | <input type="checkbox"/> 34 ST. LOUIS | <input type="checkbox"/> 45 MIDEAST | <input type="checkbox"/> 54 SAN ANTONIO |
| <input type="checkbox"/> 8 CLEVELAND | <input type="checkbox"/> 17 LITTLE ROCK | <input type="checkbox"/> 26 NEW YORK CITY | <input type="checkbox"/> 35 SALT LAKE CITY | <input type="checkbox"/> 46 GULF | |

PROVIDE STATE THAT YOU HAVE CHOSEN AS YOUR BASE STATE TO COMPLY WITH SINGLE-STATE REGISTRATION: _____

INDICATE STATES WHERE YOU REQUIRE A FORM E FILING DUE TO SPECIFIC AUTHORITY APPLICATION: _____

IF YOU HOLD A BROKERS LICENSE, IDENTIFY NAME WITH FMCSA, DOCKET NO. OR MOTOR CARRIER NO. AND RECEIPTS FROM BROKERAGE OPERATIONS.	IS AN INTRASTATE FILING NEEDED? ____ YES ____ NO. IF YES, SHOW STATE AND PERMIT NO.	IS MCS 90 ENDORSEMENT NEEDED? ____ YES ____ NO
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FILING REQUIRED-LIABILITY AND CARGO INDICATE BELOW : SHOW EXACT NAME AND ADDRESS IN WHICH PERMITS ARE ISSUED:

LIABILITY BMC 91X	LIABILITY -FORM E STATE	OVERSIZED/OVERWEIGHT	HAZARDOUS
CARGO BMC 34	CARGO FORM H STATE	INDICATE ANY OTHER FILING REQUIRED:	

DO YOU OPERATE AS A SUBSIDIARY OF ANOTHER COMPANY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU LEASE YOUR AUTHORITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE THERE BEEN ANY CHANGES IN THE OWNERSHIP, MANAGEMENT OR NAME OF THE OPERATION IN THE PAST FIVE YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU ACT AS A FREIGHT FORWARDER, FREIGHT BROKER OR ARRANGE LOADS FOR OTHERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OWN OR MANAGE ANY OTHER TRANSPORTATION OPERATION THAT IS NOT COVERED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU APPOINT AGENTS OR HIRE INDEPENDENT CONTRACTORS TO OPERATE UNDER YOUR AUTHORITY WITH THEIR OWN INSURANCE POLICY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU PURCHASED, SOLD, OR APPLIED FOR AUTHORITY OVER THE PAST 3 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER LOST OR HAD AUTHORIZATION WITHDRAWN, OR HAVE YOU BEEN/ARE UNDER PROBATION BY ANY REGULATORY AUTHORITY (FHWA, PUC, ETC)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR POLICY TO COVER ALL VEHICLES OWNED, OPERATED OR UNDER LEASE TO YOU OR YOUR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAUL OR HAVE AUTHORITY TO HAUL ANY COMMODITY CONSIDERED HAZARDOUS BY EPA AND/OR THE DOT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAUL INTERMODAL/CONTAINERIZED FREIGHT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU PULL OVERSIZED/OVERWEIGHT LOADS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU LEASE TO OTHERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HIRE OWNER OPERATORS ON A TRIP LEASE BASIS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU PULL DOUBLE/TRIPLE TRAILERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU LEND, LEASE OR RENT TRUCKS, TRACTORS OR TRAILERS TO OTHERS WITHOUT DRIVERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A FORMAL WRITTEN PROCEDURE FOR OBTAINING AND MAINTAINING CERTIFICATES OF INSURANCE ? IS IT A PERIOD GREATER THAN 18 MONTHS AFTER THE POLICY PERIOD?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A FORMAL WRITTEN PROCEDURE FOR OBTAINING AND MAINTAINING SUBCONTRACTOR CONTRACTS RELATING	<input type="checkbox"/> YES <input type="checkbox"/> NO
CIRCLE PERCENTAGE OF TIME YOU USE THE SAME SUBCONTRACTOR(S) ≤ 15% ≥ 16% to 25% ≥ 26% to 49% ≥ 50%-85% ≥ 86% to 100%		ARE ANY VEHICLES USED TO TRANSPORT EMPLOYEES? ARE GUEST PASSENGERS PERMITTED IN THE VEHICLE	<input type="checkbox"/> YES <input type="checkbox"/> NO YES NO
DO YOU HAVE ANY OTHER INSURANCE WITH OUR COMPANY	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN ANY YES ANSWERS ABOVE:-ATTACH SEPARATE SHEET IF REQUIRED	

AUTOMOBILE COVERAGES: (SEPARATE STATE SPECIFIC LIMITS AND COVERAGE MAY APPLY)

LIABILITY				MEDICAL PAYMENTS	PERSONAL INJURY PROTECTION	UNINSURED MOTORIST	UNDERINSURED MOTORIST
COMBINED SINGLE LIMIT (CSL) BI AND PD	SPLIT LIMITS					SPLIT LIMITS	SPLIT LIMITS
	BODILY INJURY(BI)	PROPERTY DAMAGE(PD)					
	EACH PERSON	EACH ACCIDENT	EACH ACCIDENT			CSL	CSL

NON-TRUCKING LIABILITY COVERAGE ____ YES ____ NO IF APPLYING FOR NON-TRUCKING COVERAGE PROVIDE NAME AND MOTOR CARRIER NUMBER OF THE LESSEE TO WHOM YOU ARE PERMANENTLY LEASED.

SCHEDULE OF EQUIPMENT: ATTACH SEPARATE SHEET IF MORE THAN 7 UNITS

*VEHICLE TYPE: BOX TRUCK (BX)--TRUCK (TK)-- TRACTOR (TR)- TRAILER (TL) ** OWNERSHIP OF VEHICLE: OWNED (O)-- LONG LEASE PURCHASE (LL)--SHORT LEASE (LESS THAN 6 MTH) (SL)-- TRAILER ONLY (TO)--TRAILER INTERCHANGE (TI) *** GROSS VEHICLE WEIGHT

UNIT NO.	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER /SERIAL NUMBER	*VEHICLE TYPE	*OWNER-SHIP	STATED AMOUNT	***GVW	RADIUS MAXIMUM MILES
1								
2								
3								
4								
UNIT NO.	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER /SERIAL NUMBER	*VEHICLE TYPE	*OWNER-SHIP	STATED AMOUNT	**GVW	RADIUS MAXIMUM MILES
5								
6								
7								

TRAILER INTERCHANGE:

LIMIT EACH TRAILER	NUMBER OF TRAILERS:	(CHECK ONE) COVERAGE SELECTION:	IN THE EVENT OF A LOSS, TRAILER INTERCHANGE AGREEMENTS WILL BE REQUIRED
	EACH DAY EACH WEEK		

PHYSICAL DAMAGE COVERAGES:

(CIRCLE ONE) DEDUCTIBLE \$500 \$1,000 \$2,500 \$5,000	(CHECK ONE) COVERAGE SELECTION : COLLISION AND SPECIFIED CAUSES OF LOSS ____ COLLISION AND COMPREHENSIVE ____
--	--

TRUCKERS GENERAL LIABILITY LIMITS(THIS IS FOR BUSINESSES SOLELY INVOLVED IN "FOR-HIRE " TRANSPORTATION OF PROPERTY)

TOTAL PAYROLL :	NUMBER OF EMPLOYEES:	NUMBER OF OWNERS:
DO YOU HAVE DOG(S) AT PREMISES? ____ YES ____ NO DO YOU CARRY A FIREARM? ____ YES ____ NO DO YOU GENERATE INCOME FROM OTHER ACTIVITIES BESIDES THE TRUCK(S) OPERATION? YES NO EXPLAIN ANY YES ANSWER:		
LIMITS: EACH OCCURRENCE LIMIT:\$ _____ GENERAL AGGREGATE LIMIT: \$ _____		
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT: \$ _____ PERSONAL AND ADVERTISING INJURY LIMIT: \$ _____		
DAMAGE TO PREMISES RENTED TO YOU \$ _____ ANY ONE PREMISES MEDICAL EXPENSE LIMIT: \$ _____ ANY ONE PERSON		

MOTOR TRUCK CARGO COVERAGE:

LIMIT PER VEHICLE:	MAXIMUM LIMIT:	(CIRCLE ONE) STANDARD PREFERRED
(CIRCLE ONE) DEDUCTIBLE: \$500 \$1,000 \$2,500 \$5,000	REFRIGERATION BREAKDOWN	Yes No

PERCENTAGE OF COMMODITIES HAULED: DRY FREIGHT ____% BUILDING MATERIALS ____% REFRIGERATED GOODS ____% HOUSEHOLD GOODS ____% AUTOS ____% BOATS ____% LIGHT MACHINERY ____% MOBILE HOMES ____% ELECTRONIC ____% SEAFOOD ____% CONTAINERIZED FREIGHT ____% OTHER ____%

ADDITIONAL INTEREST:

ADDITIONAL INTEREST: ATTACH SEPARATE SHEET IF NECESSARY INTEREST TYPE AUTO: (1)-ADDITIONAL INSURED (2) INTERMODAL (3) ADDITIONAL INSURED WAIVER RIGHTS RECOVERY (4) ADDITIONAL INSURED HIRED/NON-OWNED (5) LOSS PAYEE (6) LOSS PAYEE AND ADDITIONAL INSURED GENERAL LIABILITY (7) DESIGNED PERSON OR ORGANIZATION (8) VICARIOUS LIABILITY FOR OWNERS,LESSEES OR CONTRACTORS (9) OTHER

UNIT NO.	INTEREST TYPE	NAME	COMPLETE ADDRESS

CERTIFICATES OF INSURANCE: (ATTACH SEPARATE SHEET IF NECESSARY)

NAME	COMPLETE ADDRESS
NAME	COMPLETE ADDRESS
NAME	COMPLETE ADDRESS

DRIVERS INFORMATION: (ALL DRIVERS MUST BE LISTED-ATTACH A SEPARATE SHEET IF NECESSARY)

DRIVER NAME (LEGAL NAME)	DATE OF BIRTH	STATE	DRIVER LICENSE NUMBER	DATE OF HIRE	SOCIAL SECURITY NUMBER
1)					
2)					
3)					
4)					
5)					

DO YOU HAVE A DRIVER RECRUITMENT PROGRAM? IF SO, EXPLAIN	___YES ___NO	DO YOU HAVE A SAFETY PROGRAM? IF SO, EXPLAIN	___YES ___NO
DO YOU HAVE A DRIVER TRAINING PROGRAM? IF SO, EXPLAIN	___YES ___NO	DO YOU HAVE A PREVENTATIVE AUTO MAINTENANCE PROGRAM? IF SO, EXPLAIN	___YES ___NO

LOSS EXPERIENCE REQUIRED – PROVIDE PRIOR INSURANCE CARRIERS INFORMATION FOR A MINIMUM OF THE PAST FIVE YEARS

POLICY TERM		INSURANCE COMPANY NAME	NO. OF MOTOR POWERED VEHICLES	NO OF ACCIDENTS	PREMIUM	TOTAL AMOUNT CLAIMS PAID & RESERVES			
FROM	TO				LIABILITY	BI	PD	COMP/COLL	OTHER
/ /	/ /								
/ /	/ /								
/ /	/ /								
/ /	/ /								
/ /	/ /								

GIVE DETAILS OF CLAIMS IN EXCESS OF \$25,000.
(ATTACH SEPARATE SHEET IF NECESSARY AND COPY OF ACCIDENT REPORT IF AVAILABLE)

DATE	RESERVES	TOTAL INCURRED LOSSES AUTOMOBILE LIABILITY	TOTAL INCURRED LOSSES AUTO PHYSICAL DAMAGE	TOTAL INCURRED LOSSES MOTOR TRUCK CARGO	TOTAL NUMBER OF CLAIMS

The applicant hereby applies to the Insurance Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy coverage may be canceled or a claim may be denied if such information is materially false or misleading so that the Insurance Company would have either rejected the risk, ab initio or have sought relief under any other applicable statute. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the Insurance Company deems necessary in order to determine whether the Insurance Company will accept or reject applicant for coverage. Upon written request, additional information as to the nature and scope, if one made, will be provided.

THIS APPLICATION MUST BE SIGNED AND DATED BY BOTH APPLICANT AND THE INSURED'S AGENT. INSURED'S AGENT MAY NOT SIGN FOR BOTH.

("I understand this application is not a binder unless indicated as such on this form by the insured's agent.")

Signed this _____ day of _____, 20____ At: _____ City _____ State _____

The insured and the insured's agent agree that the policy of insurance (including any endorsements) associated with this application of insurance is deemed delivered to the insured by providing the insured's agent a link to electronically access, print and store a true and correct electronic record of the policy of insurance

SIGNATURE _____
NAMED INSURED (REPRESENTING ALL INSUREDS) (PRINT) NAME AND TITLE OF SIGNATURE PARTY

If a Partnership or Corporation, signatory must be empowered by Articles of Incorporation, etc. to bind to insurance agreements. This application is in compliance with State Statutes, and is submitted in the best interest of the applicant or insured to whom a copy has been furnished and coverage is: () Bound Effective _____ (time) _____ (date)

To Expiration _____ (time) _____ (date) () Not bound *

I agree that if my down payment or full payment check is returned by the bank because of non-sufficient funds, coverage will be cancelled from inception.

SIGNATURE _____
SIGNATURE OF INSURED'S AGENT PRINT AGENT NAME AND LICENSE NUMBER

NAME OF AGENCY _____ PHONE NO. _____

THIS IS NOT A BINDER

UNDERWRITING REPRESENTATION

PLEASE DISCUSS THE FOLLOWING WITH YOUR INSURED

As an inducement for the Insurance Company to underwrite and cover this risk, the insured affirmatively represents and warrants that all insured vehicles will, at inception and throughout the policy term, have the following equipment functioning, in safe working order, and in full compliance with any and all applicable federal, state, municipal, or other statutes, ordinances, or other regulations, on any insured vehicle; that such vehicle, or vehicles will not be used, driven or otherwise operated until the required repairs or corrections have been completed.

TIRES AND WHEELS	Including non-drive, non-steering and/or non-braking tires and wheels.
BRAKES	Including brake-related components and "Jake Brakes."
STEERING COMPONENTS	
WINDSHEILD	Including wipers
MIRRORS	
LIGHTS	Including required marker lamps and reflectors
ALARMS	BACK UP ALARMS on vehicles with a gross vehicle weight of over 10,000 lbs. and not a tractor trailer combination. LOW AIR WARNING DEVICE on vehicles with air brakes. POWER TAKE-OFF ALARM on vehicles with dump beds or tilt bodies.
SAFETY EQUIPMENT	Including fire extinguishers, and flares or reflectors

NON-PREAPPROVED DRIVERS NOT COVERED

Further, All drivers submitted for approval to operate an insured auto under any policy of insurance with the Insurance Company are required to have a minimum of 2 years of driving history in a motor vehicle similar to the type of motor vehicle insured under this policy of insurance. All drivers must be reported to the Insurance Company and approved prior to the operation of any insured unit. A Motor Vehicle Report (MVR) will be ordered, reviewed, and insured will be notified of the acceptability of additional drivers.

VEHICLE CHANGES

Further, all vehicle changes must be reported to the insurance Company to be effective prior to placing in service. NO AUTOMATIC COVERAGE IS AFFORDED UNDER THIS BINDER AND/OR POLICY FOR NEW, REPLACEMENT AND/OR TEMPORARY SUBSTITUTE VEHICLES.

NO RECAP TIRES OR HAULING OF HAZARDOUS WASTE

Finally, the insured affirmatively represents and warrants that all insured vehicles will, at inception and throughout binder and/or the policy term:

Immediately replace all recap tires on the front axle and use no recap tires on this axle.

Not carry material commonly known as "hazardous waste" in or on any insured vehicle during the binder and/or policy period.

I HAVE READ AND UNDERSTOOD THE FOREGOING REPRESENTATIONS, UNDERSTOOD AND ACKNOWLEDGE THAT THESE REPRESENTATIONS ARE BEING MADE IN ORDER TO INDUCE THE INSURANCE COMPANY TO UNDERWRITE THE RISK AND THAT THE INSURANCE COMPANY WOULD NOT HAVE UNDERWRITTEN THIS RISK BUT FOR RELIANCE UPON SAID REPRESENTATION, INCLUDING THIS STATEMENT.

SIGNATURE

NAMED INSURED

PRINT NAME & TITLE OF
SIGNATURE PARTY

DATE

PRIVACY NOTICE

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENT MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS TO SUBMIT A REQUEST TO US. YOUR AUTHORIZATION IS VALID FOR NO MORE THAN 24 MONTHS.

FRAUD STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES

Fraud Warning

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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, KENTUCKY and 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: 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, 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 personal or commercial insurance, or a claim for 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 is considered a crime.

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 denial of insurance benefits.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

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 may include imprisonment, fines and/or denial of insurance benefits.

Print Named of Insured

Print Name of Witness Signature

Signature of Insured

Signature of Witness

Date Insured Signed Application

Date Witnessed

Insured's Agent Signature

Insured's Agent Insurance License Number

NOTIFICATION PROCEDURE OUTLINE

PLEASE DISCUSS THE FOLLOWING WITH YOUR INSURED

CLAIMS REPORTING

All claims are to be reported immediately, directly to the Insurance Company.

The Insurance Company has established a claim hot-line for this purpose.

1-877-207-3119

ALL ACCIDENTS OR CLAIMS MUST BE REPORTED IMMEDIATELY, REGARDLESS OF FAULT!

INSPECTIONS

ALL units insured through the Insurance Company must be inspected. These inspections will be accomplished as follows:

Over 4 Power Units: by the Insurance Company signed Underwriting Representation form	A formal inspection will be ordered a) 5 years old or newer vehicles require the	Exceptions: and color photo in lieu of the insurance company inspection.
1 to 4 Power Units:	"Mechanics Inspection" forms may be utilized by the insured wherein a local mechanic may inspect each unit. The cost of these inspections will be borne by the insured and the inspection forms must be returned with color photos of each unit and a receipt for the cost of the inspection.	b) DOT inspection which is not more than 12 months old and color photo is acceptable in lieu of insurance company inspection

**** A SATISFACTORY INSPECTION MUST BE ACCOMPLISHED ON EACH INSURED UNIT WITHIN 30 DAYS FROM BINDING. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL CAUSE CANCELLATION OF THE BINDER.**

VEHICLE CHANGES

All vehicle changes must be reported to the Insurance Company to be effective prior to placing in service. **NO AUTOMATIC COVERAGE IS AFFORDED UNDER THIS BINDER AND/OR POLICY FOR NEW, REPLACEMENT AND/OR TEMPORARY SUBSTITUTE VEHICLES.**

INITIAL AND ADDITIONAL DRIVERS

All drivers submitted for approval to operate an insured auto under any policy of insurance with the Insurance Company are required to have a minimum of 2 years of driving history in a motor vehicle similar to the type of motor vehicle insured under this policy of insurance. All drivers must be reported to the Insurance Company and approved prior to the operation of any insured unit. A Motor Vehicle Report (MVR) will be ordered and reviewed and insured will be notified of the acceptability of additional drivers.

NO RECAP TIRES OR HAULING OF HAZARDOUS WASTE

Please be advised that the insured's failure to comply with the aforementioned requirements concerning additional/replacement vehicles and additional drivers is a material change in risk and may result in policy cancellation and possible claim and/or coverage denial.

Insured: I have read and fully understand my obligation concerning immediate claim reporting, vehicle inspections, vehicle changes and additional drivers. I further understand that the producer signature who appears below is my agent and not the agent of the Insurance Company. The agent has no authority to bind the Insurance Company without first obtaining confirmation from the Insurance Company through a telephonic binder and receiving a corresponding binder number. The agent has no right to make, alter, modify or discharge any contract or policy issued on the basis of this application.

Date
Signature _____
Insured's Signature

Insured's Agent: I certify that I have discussed the insured's obligation with my client and that I also fully understand the procedures concerning claims reporting, vehicle inspections, vehicle changes and additional drivers.

Date
Signature _____
Insured's Agent Signature