

COMMERCIAL AUTOMOBILE LIABILITY APPLICATION

1. Applicant legal name _____

Applicant trade name (DBA) (if any) _____

Applicant is: Individual LLC Partnership Corporation Joint Venture Trust

Tax identification number or Social Security number _____

If applicant is other than individual, majority owners name is: _____

Location of business premises: _____

Street, City, State, Zip Code, County

Mailing Address: _____

Street or P.O. Box, City, State, Zip Code

Effective Date _____ Expiration Date _____

Telephone # () _____ Cell phone # () _____ Email or fax: _____

2. Information for Filings Authority Type Common Contract

Filings Required	Motor Carrier or Permit #	Applicant's Name and Address exactly as it appears on each Permit.
<input type="checkbox"/> FMCSA	MC	
<input type="checkbox"/> Form E		
<input type="checkbox"/> Oversized/Overweight		
<input type="checkbox"/> Hazardous		
<input type="checkbox"/> Cargo - Form H		

3. BUSINESS CLASS:

For Hire Trucking Private Trucking Non-Trucking Use Only Public Auto

POLICY TYPE: Scheduled Vehicles Fleet Automatic Gross Receipts Fleet Automatic Gross Mileage

If Non-Trucking Coverage only, list name, terminal location & MC number of lessee to whom you are permanently leased.

Name _____ Terminal Location _____ MC # _____

4. GENERAL QUESTIONS

Yes No

- Have you ever had insurance of this type cancelled, declined or renewal refused?
How many years in business under this name continuously? _____
- Is any vehicle used to haul explosives?
- Do Federal or State laws require you to carry limits in excess of \$1 000,000 for auto liability?
- Is any vehicle used to transport employees?
- Do you allow guest passengers?
- Do you haul double trailers?'
- Do you haul triple trailers?
- Do you own, lease or rent vehicles not listed on the application?
- Do you hire owner operators on a trip lease basis?
- Do you lend, lease or rent trucks, tractors or trailers to others without drivers?
- Do you haul containers or containerized freight?'
- Do you act as a freight forwarder, freight broker or arrange loads for others?
- Have you operated a trucking business under other names in the past?

Explain "YES" answers below:

5. LIMIT AND COVERAGE INFORMATION

Liability: Bodily Injury: _____ Property Damage: _____ Combined Single Limit: _____
 Liability Deductible: \$500. \$1,000. Other (Requires company approval) \$ _____

6. VEHICLE INFORMATION

Number of Vehicles owned: _____ Light _____ Medium _____ Heavy _____ Extra Heavy
 _____ Tractors _____ Trailers _____ Private Passenger Type
 Number of Vehicles leased: _____ Light _____ Medium _____ Heavy _____ Extra Heavy
 _____ Tractors _____ Trailers _____ Private Passenger Type

7. DESCRIPTION OF VEHICLES (trailers must be scheduled for coverage to apply while detached from power unit)

Unit No.	Model Year	Trade name & indicate truck, tractor, Trailer, mobile equipment et.	Serial Number	Zip Code of Terminal location	# of axles	Truck GVW Tractor GCW	Owner Type*

*N=Owned by Named insured; L=Owned by Leasing Company (long term lease without driver); O=Owned by Owner Operator; E=Owned by Employee of Named Insured (Officer)

Unit No.	% of trips by radius			Trailer* Pulled	Primary Commodities hauled (list top 3 commodities for each power unit)
	0-150	151-300	Over 300		
1					
2					
3					
4					
5					

* Trailer type or type trailer pulled by power unit = D = dump, F= flatbed, P= pole/logging, R= reefer, t= tank, V= dry van, A= auto hauler

8. LIST OF DRIVERS OF INSURED VEHICLES (attach list of drivers with required information if space below is not adequate)

I understand that an essential factor in obtaining automobile insurance is the list of drivers of vehicles covered by the policy for which I am applying. I declare the attached list includes all of the drivers of vehicles requested to be covered under the policy including employees, leased employees, mechanics, family members, as well as any other person allowed to drive an insured vehicle. I agree to notify my agent of any additional drivers before they are allowed to drive an insured vehicle.

Driver's Name	Social Security Number	Date of Birth	Driver's License State	Driver's License Number	No. of Violations & accidents Past 3 years	No. of serious violations in past 7 years (1)	Year Hired	Years of Exp.

(1) Serious violations include, but are not limited to, DUI, homicide or assault involving an auto, leaving the scene of an accident, etc.

9. AUTO LIABILITY LOSS INFORMATION

Policy Year	From	To	#of Claims	Total Paid and Reserved Losses	Insurance Carrier
1 st Prior					
2 nd Prior					
3 rd Prior					

Describe Large Claims: _____

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10. ADDITIONAL INSURED

Name	Mailing Address	Relationship to Insured (2)

11. CERTIFICATE HOLDERS

Name	Mailing Address	Relationship to Insured (2)

13. Uninsured/Underinsured Motorists and Personal Injury Protection Coverage

The laws of Texas require that you be given the option to request or reject the following additional coverages. Please make your selections and attach with application on a separate UM/UIM Coverage Selection/Rejection & PIP Coverage Selection/Rejection forms.

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the company to void or cancel any policy issued on the basis of this application, and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the company as accurate and shall become a part of the policy.

I recognize that all or parts of my operations are under the Department or Transportation oversight requiring me to adhere to their rules and regulations. I acknowledge that DOT's rules and regulations are understood by me and I will adhere to the rules and regulations including, but not limited to, driver hiring, vehicle inspection and maintenance, and hours of service.

Signature of APPLICANT X _____ Signature of AGENT of Applicant X _____

Type or Print Applicant Name _____ Agency Name _____
Address of Agency _____

Title or Relationship to Applicant _____ Date Application Completed _____

THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER