



# Truck Application

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

1. Name (and "dba") \_\_\_\_\_  
☐ 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 <sup>C</sup> 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 <sup>C</sup> 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) <sup>C</sup> 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 (DUI/DWI, 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 <sup>C</sup> 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 Operation	Annual Mileage 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 <sup>C</sup> 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 Spec. C of Loss	<input type="checkbox"/> 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 <sup>C</sup> 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

46. 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 \_\_\_\_\_

## SELECTION OF LIMITS FOR UNINSURED/UNDERINSURED MOTORISTS COVERAGE (Virginia)

Virginia Insurance Code Section 38.2-2206 provides that policies of insurance which provide bodily injury or property damage liability insurance relating to the ownership, maintenance or use of a motor vehicle issued or delivered in the Commonwealth of Virginia must provide Uninsured motor vehicle coverage in limits not less than \$25,000 because of bodily injury to or death of one person in any one accident and \$50,000 because of bodily injury to or death of two or more persons in any one accident, and \$20,000 because of injury to or destruction of property of others in any one accident. Such policies must also provide coverage for bodily injury or property damage caused by the operation or use of an Underinsured motor vehicle.

Under Virginia law, the limits of Uninsured/Underinsured motorist coverage must equal the limits of the liability insurance provided by your policy unless additional coverage is rejected by any one named insured. Therefore, if you purchase liability insurance in amounts greater than the state mandated minimum limits of \$25,000/50,000/20,000, your Uninsured/Underinsured motorist coverage limits will equal these greater limits.

If you purchase liability insurance limits in excess of \$25,000/50,000/20,000 you may reject the increased limits of Uninsured/Underinsured motorist coverage. If you reject the increased limits of Uninsured/Underinsured motorist coverage you must at a minimum purchase the state-mandated limits of \$25,000/50,000/20,000. You may also choose to purchase Uninsured/Underinsured motorist coverage limits in excess of the state-mandated minimum amount yet less than your liability insurance limits. Ask your producer for coverage limits offered.

The rejection of the additional limits of Uninsured/Underinsured motorist insurance by any one named insured is binding on all insureds under such policy.

In accordance with the Virginia law, the undersigned insured (and each of them):

### (Applicable item marked)

☐ Selects Uninsured/Underinsured motor vehicle coverage limits in the amount of \$25,000/50,000/20,000. These are the lowest coverage limits which may be purchased by law.

☐ Selects Uninsured/Underinsured motor vehicle coverage limits which are **lower** than the liability limits under the policy but higher than the state-mandated minimum limits. Selected limits for Uninsured/Underinsured motorist coverage are:

(Enter limits if a separate limit of liability applies)

\$ \_\_\_\_\_ Bodily Injury each person  
\$ \_\_\_\_\_ Bodily Injury each accident  
\$ \_\_\_\_\_ Property Damage each accident

(Enter limit if a single limit of liability applies)

\$ \_\_\_\_\_ Each accident

### MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

**Medical Expense Benefits** - Choose one:

☐ **Reject**  
☐ **Accept** If accepting, choose one: ☐ \$500 ☐ \$1000 ☐ \$2000 ☐ \$5000

**Income Loss Benefits** - Choose one:

☐ **Reject**  
☐ **Accept**

I have indicated my choice above ("X" indicates my choice):

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

(Until you advise us otherwise in writing, your choices, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

## 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 **Applicant's Representative named below is acting as the 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 Interstate Commerce Commission 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 \_\_\_\_\_

**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.**

\_\_\_\_\_  
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.