Drive-Away Application

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

NATIONAL INDEMNITY COMPANY OF MID-AMERICA						Policy Term From:					To:	_ To:				
1. Name (a	nd "dba")															
☐ Individ	dual/Proprietors	hip □ Pa	rtnersl	hip 🗆 Cor	poratio	on 🗆 O	ther		В	usiness p	hone n	umber				
	ailing address					City										
	address															
4. Person to	contact for ins	pection (na	me an	nd phone nu	mber)											
5. Have you	ı ever had insur	ance with o	ne of	the compan	ies lis	ted at the	top of this	s page?	? 🗆 Yes	s □ No						
If yes, po	licy number(s) _								!	Effective of	date(s)					
DESCRIPT	ION OF OPE	RATIONS	3													
	business															
Years ex	perience	^	lew Ve	enture?	Yes	□ No										
7. Is this yo	ur primary busir	ness? 🗆 Y	es □	No	If no,	explain _										
8. Have you	ever filed for b	ankruptcy?	ΠY	es 🗆 No	If ye	s, when _		Explair	າ							
9. Gross red	ceipts last year			Es	timate	for comi	ing year _				Busir	ness for	sale? 🗆 Ye	s 🗆	No	
10. Do you o	perate in more t	han one st	ate? [□ Yes □	No	If yes, I	list states _									
11. Do you o	perate over a re	gular route	? 🗆	Yes 🗆 I	No	If yes, s	show town	s opera	ated betv	ween						
LIABILITY (COVERAGE	- Complet	e for (desired cov	erage	es by ind	icating lin	nits of	insuran	ice.						
		LIAE	BILITY	•		-	-			Dorse	nal		PHYSIC	AL DA	MAGE	
0 1:		Split Limits					Me	/ledical	Personal Injury Protection (where applicable)		Deductibles		es	Maxin		
Combine Limit B		Bodily Injury				Property Damage Per Accident		ments				nprehensive c. C of			vehicle Value	
	Per Per	erson Per Accident						Loss			0. 0 01					
UNIN	SURED MOTO	RIST COVI	ERAG	E					·	JNDERINS	SURE	ОМОТО	DRIST COVE	RAGE		
Split Limits								Split Limits						insured		
Single Limit		Bodily Inj						ingle Limit	.imit	Bodily Inju		•	er Accident		Motorist Conversion Coverage	
	Per Per	Person Per A		ccident						Per Person						
														[Yes	□ No
DRIVER INF	ORMATION	– If additi	onal s	space is ne	eded,	attach s	eparate lis	sting.								
DRIVER INFORMATION – If additional space is needed, attac				<u> </u>				's Licenses				Exp		ience		
	Date of Birth								Class	s/Type	Years	ا /د'	of Uni			
Driver's Name					State			Number		(i.e.	CDL)	Licensed (in class/type)	truck, trac etc.)			
1.																
2. 3.														1		
4.																
5.												1		+		
<u>. </u>				<u>I</u>							<u> </u>					
DRIVER INF	ORMATION	(Continu	ed) –	- If addition	al spa	ace is ne	eded, atta	ch sep	parate lis	sting.						
No. Years Previous Commercial	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				raffic	Major Convictions (DWI/DUI, hit & run, manslaughter, reck driving while suspended/revoked, speed o					lughter, reckle red, speed co	ontest. I Ind Cont (IC)			
Driving Experience		No. of Acciden		Date(s)		No. of olations	Date(s)		Describe Conviction		<u> </u>	Date(s)		ner/Op. (O/O) anchisee (F)	
1.																
2.																
3.					\perp											
4.			\perp		\perp											
5 I		1	- 1		- 1				Ī				ı		I	

40	A			□ Na 16							
13.	12. Are drivers covered by workers compensation? Yes No If yes, name of carrier										
14.		-	o take vehicles home at night?		o Ifves	will family	members dri	vo2 □ ∨os	Пио		
						•				_	
15.	•		I drivers prior to hiring? ☐ Yes		Driver	's maximui	m ariving nou	rs	daily	\	меекіу
16.		•	newly hired operators? Yes								
17.	What is th	e basis for drive	er(s) pay?	p ⊔ Mileag	je ⊔ O	ther, expla	in				
LC	SS FXPF	RIENCE - Pr	ovide prior insurance carrie	rs information	for past fu	ıll three ve	ears				
	LOSS EXPERIENCE – Provide prior insurance carriers information for past full three years. Policy Term No. of Motor No. of Motor Premium Total Amount Claims Paid & Reserves										
	Insurance Company Name Powered Accidents										
	From To Vehicles Accidents Liab Phys Dam BI PD Comp/Coll Other										
	1 1	1 1									
18.	18. 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										
19.	19. Have you ever been declined, cancelled or non-renewed for this kind of insurance? ☐ Yes ☐ No If yes, date and why										
D D	I\/E A\A/A\	/ INICODMAT	TON								
DΚ	IVE-AWA	Y INFORMAT	IUN								
20			and percentages of each								
21.			drive away new units								
22.											
23.	23. How are you paid? ☐ By Miles ☐ By Trip										
24.	24. Average rate you are paid per mile Per trip										
25.											
26.	26. Do you require insurance filings? State FHWA filing, please provide MC number										
27.	27. How is return trip handled?										
28.	28. Is delivery made with one unit towing another unit? \square Yes \square No \square Do you permit drivers to tow their own vehicles? \square Yes \square No										
	Do you haul away vehicles? ☐ Yes ☐ No Do you use any of the following: ☐ Fifth Wheel ☐ Tow Bars ☐ Reese Hitches ☐ Ball Hitches										
29.	29. If towing a vehicle for return transportation, how often is this done?										
30.											
31.	Average tot	al number of trip	ps per week	Do you delive	r vehicles b	oth ways?	☐ Yes ☐	No			
32.	Cities and s	states where uni	ts are picked up								
33.	List city and	d state destination	ons								
34.	List clients .										
35.	Any operati	ons other than o	drive-away service? 🏻 Yes 🏾	☐ No If yes	s, explain						
Plate	e Information	<u>1</u>									
36.	Are you req	uired to use pla	tes? 🗆 Yes 🗆 No Do yo	u use your ow	n plates exc	clusively?	☐ Yes ☐ N	lo Total	number of p	lates	
	36. Are you required to use plates? ☐ Yes ☐ No Do you use your own plates exclusively? ☐ Yes ☐ No Total number of plates										
37.	77. How many plates are required to be attached to each unit drive away?										
	On average, how many of your plates are attached to drive-away vehicles at any given point?										
38.	8. How are plates returned to you? Average number of days before plates are returned										
	99. List identification number for each plate										
	40. Are all plates owned to be insured this policy? Yes Nolf no, explain										
	Also, if no, number of operators used Do operators have written contracts with you? ☐ Yes ☐ No ATTACH COPY OF CONTRACT.										
Priva	Private Passenger Drive-Away										
	41. Do you drive-away sports cars or luxury type units?										
₹1.	If yes, list unit model(s)										
1 2											
	42. Do you tow a second client-owned vehicle?										
	Bus Drive-Away 43. Percentage of time units with the following seating capacities are driven away: Under 20% 21 and Over%										
	43. Percentage of time units with the following seating capacities are driven away: Under 20% 21 and Over% Truck/Tractor Drive-Away										
	44. Percentage of time each unit type is driven away: Trucks% Tractors% Tractors and Trailers%										
46.	. If trucks, percentage of each GVW driven away: 0-20,000 lbs% 20,001-45,000 lbs% 45,001+ lbs% . Do you piggyback? ☐ Yes ☐ No What percentage of time do you piggyback?%										
	· · · · · · · · · · · · · · · · · · ·										
→ 1.	7. What percentage of your piggyback operation is 1 up?% 2 Up?% 3 U p?%										

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 Federal Highway Administration 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 REF	PRESENTATIVE
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 acc	count?
How long have you known applicant?		_
REQUEST TO COMPANY GENERAL AG	ENT:	
☐ Please quote ☐ Please bind at ea	arliest possible date and issue policy	
☐ Please issue policy effective(Time and D	Coverage was bound by Jate Bound by General Agent)	(Name of Person in Company General Agency's Office Binding Coverage)
Applicant's Representative's Name and Address	Phone No.	