

Truck Application (Physical Damage Only)



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

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641
 800-548-4301 • www.nееe.com

Policy Term From: _____ To: _____

1. Name of Applicant _____
2. Address of Applicant _____
 (Number) (Street) (City) (County) (State) (Zip Code)
3. Applicant is: Individual Partnership Corporation
4. Applicant's business to be covered? _____ Years experience in this business? _____
5. Date coverage to be effective _____
6. Person to contact for inspection (name and phone number) _____
7. Is this a new operation? Yes No Is your operation currently for sale? Yes No Seasonal in nature? Yes No
8. Give estimate of financial worth \$ _____ Gross receipts last year? _____ Estimate for coming year? _____
9. Have you filed for Bankruptcy within the last 5 years or do you contemplate doing so? Yes No If yes, provide details: _____

DESCRIPTION AND AREA OF OPERATIONS

10. Define normal areas of operations: _____
11. Maximum radius operated by all trucks? 50 51-200 Over 200 Do you haul for hire? Yes No
12. List kinds and types of cargo hauled: _____
13. Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? Yes No
 If yes, what type(s) materials is being hauled? (give complete listings, naming material(s) and/or chemical content): _____
14. Do you pull double trailers? Yes No Triple trailers? Yes No
15. Number of vehicles owned and/or leased: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Dollies _____

PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE

16. Provide prior insurance carriers information for past full three years. List in order with most recent carrier first.

| Policy Term | | Insurance Company Name | Policy Number | Number of Motor Powered Vehicles | Number of Accidents | Premium | Total Amount Claims Paid & Reserves | |
|-------------|-----|------------------------|---------------|----------------------------------|---------------------|-----------------|-------------------------------------|--------------------------|
| From | To | | | | | Physical Damage | Collision | Specified Causes of Loss |
| / / | / / | | | | | | | |
| / / | / / | | | | | | | |
| / / | / / | | | | | | | |

17. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? Yes No If yes, date and why _____

DRIVER INFORMATION

18. Does any driver listed have any convictions such as DWI/DUI of alcohol or drugs, license suspensions for moving violations, felonies, hit and run, eluding an officer, reckless/negligent operation of a vehicle, driving while under suspension or revocation or other violations not listed above?
 Yes No If yes, describe (including dates) _____
19. Driver's pay scale is (check all that apply): Union Non-Union Hourly Trip Mileage
 Other, explain: _____
20. Are you familiar with the U.S. Dept. Of Transportation driver regulations? Yes No Are you complying with regulations? Yes No

21. SCHEDULE OF ALL DRIVERS NOW EMPLOYED (If not enough space, attach separate listing)

| Driver's Name | Date of Birth | Driver License No. | State Where Licensed | Years Experience Driving Trucks | Date of Hire | Married (Y or N) | List All Violations/ Convictions in Past 5 Years | List All Accidents in Past 3 Years |
|---------------|---------------|--------------------|----------------------|---------------------------------|--------------|------------------|--|------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

22. SCHEDULE OF AUTOS/VEHICLES TO BE COVERED

| Auto/ Vehicle No. | Year Model | Trade Name | Body Type PP Auto, Pick-Up, Truck, Tractor, Semi-Trailer, Trailer, Cargo Van | Serial No. (S) Vehicle ID No. (VIN) | Maximum Gross Weight of Vehicle and Load (lbs.) | Estimated Annual Mileage | Anti-Lock Brakes (A), Airbags (B) or Anti-Theft Devices (C) | Use* (S) Service (R) Retail (C) Comm (B) Bus. Use PP | Size GVW, GCW of Vehicle | Maximum Radius of Operations (miles) |
|-------------------------|---------------|------------|--|--|--|--------------------------------|---|--|-----------------------------------|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

*Vehicle Use: S) Service - Transportation of Personnel, Tools, and Equipment and usually parked at job site. C) Commercial - All other.
 R) Retail - House to house delivery. B) Private Passenger Vehicles Used in business.

23. PHYSICAL DAMAGE COVERAGES DESIRED (complete spaces below in detail for each respective auto/vehicle described above.)

| Auto/ Vehicle No. | Town & State Where Principally Garaged | Original Cost New of Chassis, Body & Equipment | Date Purchased Mo/Yr | Purchased New (N) Used (U) | Cost When Purchased | Value of Vehicle Excluding Permanently Attached Special Equipment | Value of Permanently Attached Special Equipment | Specified Causes of Loss | | Collision | |
|-------------------------|---|--|----------------------------|----------------------------------|------------------------|---|---|--------------------------|------------|------------------------|------------|
| | | | | | | | | Amount of Insurance | Deductible | Amount of Insurance | Deductible |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |

24. Any loss payees? Yes No If yes, indicate for which vehicle(s) and give name and address of loss payees: _____

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 _____

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 OR A 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. _____