

# Contingent Liability Application (Bobtail & Deadhead)



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

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

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

- Name (and "dba") \_\_\_\_\_  
 Individual/Proprietorship    Partnership    Corporation    Other    Business Phone Number \_\_\_\_\_
- Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Premises Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Person to contact for inspection (name and phone number) \_\_\_\_\_
- 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

- Describe Business \_\_\_\_\_  
 Years Experience \_\_\_\_\_ New Venture?    Yes    No    Seasonal?    Yes    No
- Is this your primary business?    Yes    No    If no, explain \_\_\_\_\_
- Have you ever filed for bankruptcy?    Yes    No    If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
- Gross Receipts Last Year \_\_\_\_\_ Estimate for Coming Year \_\_\_\_\_ Business for sale?    Yes    No
- Do you operate in more than one state?    Yes    No    If yes, list states \_\_\_\_\_
- Show largest cities entered \_\_\_\_\_ Do you pull double trailers?    Yes    No Triple trailers?    Yes    No
- Do you operate over a regular route?    Yes    No    If yes, show towns operated between \_\_\_\_\_
- List all types of cargo hauled \_\_\_\_\_  
 Principal Commodities Outbound \_\_\_\_\_ Backhaul Commodities \_\_\_\_\_
- 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 \_\_\_\_\_
- What percent of time are your vehicles operating under lease or dispatch? \_\_\_\_\_
- Equipment is under permanent/long term lease to \_\_\_\_\_
- How many companies have you been leased to in the last three years? \_\_\_\_\_
- Do you lease to anyone else?    Yes    No    If yes, percent of time \_\_\_\_\_%, for whom and explanation \_\_\_\_\_
- Do you trip lease on back hauls to others?    Yes    No    If yes, percent of time \_\_\_\_\_%, for whom and explanation \_\_\_\_\_

## LIABILITY COVERAGE – 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.
Combined Single Limit BI & PD	Split Limits		Property Damage			
	Bodily Injury	Per Accident				
	Per Person	Per Accident	Per Accident			

UNINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		Uninsured Motorist Stacking
	Bodily Injury	Per Accident	
	Per Person	Per Accident	Yes    No

UNDERINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		Underinsured Motorist Stacking
	Bodily Injury	Per Accident	
	Per Person	Per Accident	Yes    No

## DRIVER INFORMATION – 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) – 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 (DWI/DUI, 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 MVRs 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 – Describe all vehicles for which application is made for insurance.**

Veh. No.	Model Year	Vehicle Make & Model	Body Type (i.e. truck, tractor, trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags
1										
2										
3										
4										
5										

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 – 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
						← Comprehensive ← Spec. C of Loss	Collision	
1								
2								
3								
4								
5								

29. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee for each vehicle \_\_\_\_\_

**LOSS EXPERIENCE – 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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 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 such person to criminal and civil penalties.**

\_\_\_\_\_  
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.