

Drive-Away Application

**NEW ENGLAND
EXCESS EXCHANGE**



**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.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
- 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 _____
- Do you operate over a regular route? Yes No If yes, show towns operated between _____

LIABILITY COVERAGE – Complete for desired coverages by indicating limits of insurance.

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	PHYSICAL DAMAGE		
Combined Single Limit BI & PD	Split Limits					Deductibles		Maximum Vehicle Value
	Bodily Injury		Property Damage			Comprehensive Spec. C of Loss	Collision	
	Per Person	Per Accident	Per Accident					

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

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

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.
M-5545 PA (12/2010)

12. Are drivers covered by workers compensation? Yes No If yes, name of carrier _____
13. Minimum years driving experience required _____
14. Are drivers ever allowed to take vehicles home at night? Yes No If yes, will family members drive? Yes No
15. Do you order MVRs on all drivers prior to hiring? Yes No Driver's maximum driving hours _____ daily _____ weekly
16. Do you agree to report all newly hired operators? Yes No
17. What is the basis for driver(s) pay? Hourly Trip Mileage Other, explain _____

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
/ /	/ /									
/ /	/ /									
/ /	/ /									

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

DRIVE-AWAY INFORMATION

20. Types of units driven away and percentages of each _____
21. Percentage of the time you drive away new units _____% Used units _____%
22. If physical damage coverage is desired, what is the average value per unit? _____ What is the maximum value per unit? _____
23. How are you paid? By Miles By Trip
24. Average rate you are paid per mile _____ Per trip _____
25. Total number of full-time drivers _____ Total number of part-time drivers _____
26. Do you require insurance filings? State FHWA If FHWA filing, please provide MC number _____
27. How is return trip handled? _____
28. Is delivery made with one unit towing another unit? Yes No Do you permit drivers to tow their own vehicles? Yes No
Do you haul away vehicles? Yes No Do you use any of the following: Fifth Wheel Tow Bars Reese Hitches Ball Hitches
29. If towing a vehicle for return transportation, how often is this done? _____
30. Maximum radius one-way _____ Average radius one-way _____ Estimated total annual mileage _____
31. Average total number of trips per week _____ Do you deliver vehicles both ways? Yes No
32. Cities and states where units are picked up _____
33. List city and state destinations _____
34. List clients _____
35. Any operations other than drive-away service? Yes No If yes, explain _____

Plate Information

36. Are you required to use plates? Yes No Do you use your own plates exclusively? Yes No Total number of plates _____
What type of plates do you use? Transporter IRP Other _____
37. 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. How are plates returned to you? _____ Average number of days before plates are returned _____
39. List identification number for each plate _____
40. Are all plates owned to be insured this policy? Yes No If no, explain _____
Also, if no, number of operators used _____ Do operators have written contracts with you? Yes No **ATTACH COPY OF CONTRACT.**

Private Passenger Drive-Away

41. Do you drive-away sports cars or luxury type units? Yes No
If yes, list unit model(s) _____

42. Do you tow a second client-owned vehicle? Yes No

Bus Drive-Away

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 _____%
45. If trucks, percentage of each GVW driven away: 0-20,000 lbs _____% 20,001-45,000 lbs _____% 45,001+ lbs _____%
46. Do you piggyback? Yes No What percentage of time do you piggyback? _____%
47. What percentage of your piggyback operation is 1 up? _____% 2 Up? _____% 3 Up? _____%

