

# 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

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			<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision	
	Per Person	Per Accident	Per Accident					

## UNINSURED MOTORIST COVERAGE

Single Limit	Split Limits		Property Damage
	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.

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? \_\_\_\_\_ %

**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 PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.**

\_\_\_\_\_  
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.