

(must be submitted with Commercial Auto Brokerage App)



**GENERAL**

Applicant's Name: \_\_\_\_\_  
Show name exactly as it appears on Regulatory Authority Permits

DOT / MC # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code County

Contact for Safety Inspection (Name & Phone): \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Property hauled  Owned  Property of Others

**TYPE OF PROPERTY HAULED:** Avoid such terms as "general merchandise." State approximate percentage of maximum load value.

Type of Cargo	% of Hauling	Maximum Value

**COVERAGE**

Limit Requested: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Additional Coverages:**

- Temperature Control Equipment Breakdown (Minimum \$2500 deductible required)
- Terminal Coverage

**IF TERMINAL COVERAGE IS DESIRED, COMPLETE THE FOLLOWING OR ATTACH LIST.**

Location Address	Building Construction	Security	Limit	Deductible

Do you haul any hazardous, flammable, explosive, corrosive or chemical materials?  Yes  No

If yes, please give name, class, and number of loads per week: \_\_\_\_\_

Do you haul any of the following high theft commodities: electronics, drugs & pharmaceutical products, liquors or beverages exceeding 10% alcohol content, cigarettes, cigars or other finished tobacco products, furs or garments trimmed in fur or copper & copper products?  Yes  No

(If yes, please note coverage is limited to 10% of the loss)

Do you have shippers requiring higher limits than maximum cargo values indicated above?  Yes  No

Shipper Name: \_\_\_\_\_ Commodity \_\_\_\_\_

Specify Limit: \_\_\_\_\_ % of loads \_\_\_\_\_

Any Oversize / Overweight Loads Hauled?  Yes  No

Please List Current Shipper Contracts: \_\_\_\_\_

**PROTECTION**

Number of persons on trucks \_\_\_\_\_

Are bodies of all trucks and trailers completely closed and equipped with snap locks?  Yes  No

Are loaded trucks ever left unattended or trailers unattached?  Yes  No

If yes, explain \_\_\_\_\_

What security is provided for loaded vehicles? (Check all that apply)

- At Locations:  Fenced Lot  Security Guards  In a Locked Building  Building Theft Alarm  
 Lighted  Kingpin Locks

- In Transit:  Lojack or GPS device  Vehicle Theft Alarm  Kingpin Locks  
 Other (describe) \_\_\_\_\_

**LOSS HISTORY**

Policy Year	Carrier	Premiums	Paid Losses	Reserves	No. of Claims
Current Year					
Prior Year					
Next Prior Year					
3 <sup>rd</sup> Prior Year					

**THE COVERAGES REQUESTED IN THIS APPLICATION ARE SUBJECT TO A MINIMUM EARNED PREMIUM OR BINDER PREMIUM OF \$500.00.**

**PRIVACY NOTIFICATION:** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR PAYMENT OF A LOSS OR BENEFIT CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE, OR IN SOME STATES IS, A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

**APPLICANT AGREES** to furnish, promptly, driver data for every driver engaged during the policy period. Applicant, Agent or Broker understand and agree that no flat cancellation will be allowed. Agent and/or Broker guarantee payment of earned premium to final termination date of policy or of any filing made by the company on behalf of the Applicant.

**COVERAGE HAS NOT COMMENCED.** You, or your agent, may commence coverage only by requesting a licensed general agent of Carolina Casualty / Great Divide Insurance Company to bind coverage. A binder of insurance will be issued by our licensed general agent specifying the date and time coverage will become effective, but in no event shall coverage become effective prior to the date and time you, or your agent, contact a licensed general agent of Carolina Casualty Insurance Company and coverage is bound by him or her.

**SIGNATURES**

I understand this application is not a binder and that binding must be made by an Authorized Licensed Representative of Carolina Casualty / Great Divide Insurance Company.

Signature of Producing Agent \_\_\_\_\_

I hereby authorize Carolina Casualty / Great Divide Insurance Company and/or the Producing Agent to obtain from the proper authority a copy of my Motor Vehicle Report and or Credit Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I hereby represent that the named drivers under this policy (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting. **I have read this application and all of the responses are mine and not supplied by the producer, agent or company.**

I hereby represent that the information contained in this application is true.

Date Application Completed _____	Name & Address Of Agent _____
Applicant's Signature _____	Agent Registration # _____
Licensed Agent of the Company _____	Agent Phone Number _____
Licensed Agent ID# _____	Agent Signature _____