

COMMERCIAL AUTO APPLICATION

Producer: _____ Date Submitted: _____

APPLICANT INFORMATION:

Name: _____ Contact Name: _____
 DBA: _____
 Mailing Address: _____ Phone Number: _____
 _____ Fax Number: _____

List all garaging locations: _____

Insured is: Individual Partnership Corporation

Proposed Effective Date: _____

Federal Tax ID Number: _____ Number of Years in Business: _____

Current Financials Attached? Yes No Have you ever filed for bankruptcy? Yes No

Ever operated under a different name? Yes No If yes, please provide name(s) _____

Do you have any Subsidiaries: Yes No If yes, please provide details of relationship: _____

DESCRIPTION OF OPERATIONS:

Carrier Type: Common Contract Private Other _____

If Contract, for whom: _____

Description and scope of operations: _____

US DOT Number: _____ MC Number: _____ Latest DOT Rating: _____ Yr. _____

State Filings Required? Yes No List State & State Cert #(s) _____

Have you been canceled/non-renewed by another carrier within the past three (3) years? Yes No

If yes, please provide details: _____

Is Carrier involved in any non-trucking business? Yes No

If yes, please complete the non-trucking application.

OWNERSHIP INFORMATION:

Name	Position/Title	# Years	% Ownership
1.			
2.			
3.			
4.			

COMMODITIES HAULED (Show%)

	%		%		%
	%		%		%
	%		%		%
	%		%		%
	%		%		%

SCOPE OF OPERATION:

Radius of operation: _____ Metro Areas? Yes No Delivery? Yes No Coastal? Yes No

Radius by %: 0-100 miles _____ 101-300 miles _____ 301-500 miles _____ over 500 miles _____

Area(s): East Coast Southeast Northeast Southwest Midwest West Coast Northeast

Average Trip by miles? _____ Maximum Trip by miles? _____

Largest Cities entered, list all traveled to or through: _____

EQUIPMENT OVERVIEW – Attach vehicle schedule

Type of Equipment	Owned	Owner/Operator	Total # of units
Tractors			
Heavy Trucks			
Light Trucks/Vans			
Service Units			
Trailers			
Spare Trailers			

COVERAGES AND LIMITS

Application for:

Liability Physical Damage Motor Truck Cargo Other: _____

Basis of quote

Annual Receipts Mileage Monthly reporting Other: _____

Coverage to be Quoted

<i>Liability</i>	<u>Limits</u>	<u>Deductible</u>	<u>Notes/comments</u>
<input type="checkbox"/> Truckers liability, Symbol _____	_____	_____	_____
<input type="checkbox"/> Bus. Auto liability, Symbol _____	_____	_____	_____
<input type="checkbox"/> UM/UIM Coverage	_____	_____	_____
<input type="checkbox"/> Trailer Interchange	_____	_____	_____
<input type="checkbox"/> Pip or <input type="checkbox"/> Med Pay	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

Physical Damage Collision Specified Perils Comprehensive

Deductibles: _____

Total Insured Value: _____

Comments: _____

Motor Truck Cargo

Commodity _____ Limit _____ Deductible _____ # of Units _____

Receipts/Mileage

Estimated annual receipts/mileage: _____

Additional Coverage Comments/Notes: _____

LOSS HISTORY

Previous Insurance and Loss Experience – This section must be completed in its entirety.

HARD COPY LOSS RUNS ARE REQUIRED.

Auto Liability	Current	Prior	Prior
Insurance Company			
Policy number			
Policy Dates			
Total paid in Claims			
Total in Reserve			
# of Claims			
Deductible			
Premium			
Loss Ratio			

Physical Damage	Current	Prior	Prior
Insurance Company			
Policy number			
Policy Dates			
Total paid in Claims			
Total in Reserve			
# of Claims			
Deductible			
Premium			
Loss Ratio			

Cargo	Current	Prior	Prior
Insurance Company			
Policy number			
Policy Dates			
Total paid in Claims			
Total in Reserve			
# of Claims			
Deductible			
Premium			
Loss Ratio			

Description of any Losses over \$25,000.00 or still open

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule of Units

Unit No.	Symbol Type	Model Year	Make	Stated Value	Gross Vehicle Weight	Complete VIN	Loss Payee & Address
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

PLEASE NOTE: If filings are required for this insured, **ALL** units owned &/or leased (including owner/operators) by this insured **MUST** be scheduled and covered **100%** of the time for this insured to be in compliance. Failure to do have all units on his/her policy will result in an immediate cancellation of insured policy.

Driver Information

Name	Date of Birth	Driver's License #	State License Obtained	Years Experience	Date of Hire	# Accidents Past 3 yrs	Traffic Violations

Do you hire any drivers with less than 2 years CDL experience? Yes No Minimum Experience Required? _____

Do you hire any part-time drivers? Yes No

Do you check MVR before hiring a driver? Yes No Drivers Drug tested prior to hire? Yes No
Random Drug test after hire? Yes No

Do you check Prior Employment? Yes No

of Full Time Employee drivers? _____
of Owner/Operators? _____

of Part-time Employee drivers? _____
of Team drivers? _____

My signature below indicates that I have reviewed this application, this list of drivers, this list of equipment and have assigned the Stated Value (defined as actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current market place. I have assumed responsibility for insuring only the equipment shown on this application.

I authorize IAT to obtain a copy of my Motor Vehicle Record for Rating/Underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

Printed name of Applicant

Position/Title

Applicant's Signature

Date

Agent/Broker's Signature

Date

Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.