



Risk Placement Services, Inc.

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

Policy Term From: _____ To: _____

1. Name (and "dba") _____
 Individual/Proprietorship Partnership Corporation Other Business Phone Number _____
2. Mailing Address _____ City _____ State _____ Zip _____
3. Premises Address _____ City _____ State _____ Zip _____
4. Person to contact for inspection (name and phone number) _____
5. 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

6. Describe Business _____
 Years Experience _____ New Venture? Yes No Seasonal? Yes No
7. Is this your primary business? Yes No If no, explain _____
8. Have you ever filed for bankruptcy? Yes No If yes, when _____ Explain _____
9. Gross Receipts Last Year _____ Estimate for Coming Year _____ Business for sale? Yes No
10. Do you operate in more than one state? Yes No If yes, list states _____
11. Show largest cities entered _____ Do you pull double trailers? Yes No Triple trailers? Yes No
12. Do you operate over a regular route? Yes No If yes, show towns operated between _____
13. List all types of cargo hauled _____
 Principal Commodities Outbound _____ Backhaul Commodities _____
14. 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 _____
15. What percent of time are your vehicles operating under lease or dispatch? _____
16. Equipment is under permanent/long term lease to _____
17. How many companies have you been leased to in the last three years? _____
18. Do you lease to anyone else? Yes No If yes, percent of time _____ %, for whom and explanation _____
19. 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 | | | | | |
| | Bodily Injury | | Property Damage | | | |
| | 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.

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 |
|----------|----------------|---------------------|---|---|-----------------------------------|--|-----------|--------------------------|
| | | | | | | <input type="checkbox"/> Comprehensive <input type="checkbox"/> 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 _____

