

AUTOMOBILE REVIEW SHEET SERVICE TYPE/PPT VEHICLES NO SPORTS/LUXURY > \$75,000
IMPORTANT NOTE:

Please be advised that the auto portion must be bound as a package with either the GL &/or IM.

Insured: _____ Effective Date: _____

Operations: _____ Yrs. In Business: _____ FEIN# _____

Expiring Carrier: _____ Premium: \$ _____ Target Premium: \$ _____

Number of Operators: _____ Age Range: _____ to _____ Radius: _____

Coverage & Limits:

Liability \$ _____; PIP \$ _____; UM/UIM \$ _____; Comp _____ Coll _____

LAST FIVE YEARS LOSS HISTORY

Year	Total Incurred	No of claims	Liability	Physical Dam

VEHICLE SCHEDULE (ATTACH SEPARATE SHEET IF NECESSARY)

#	YEAR, VEHICLE, VIN#	GVW	VALUE
1			
2			
3			
4			
5			
6			
7			
8			

Service Type X-Heavy ____ Heavy ____ Medium ____ Light ____ PPT; s ____ (No PPT > \$75,000)

LIMIT AND COVERAGE INFORMATION

1. Uninsured Motorist: Rejected _____ Limits Accepted _____
2. Underinsured Motorist: Rejected _____ Limits Accepted _____
3. Optional no-fault state: PIP rejected? Yes ____ No ____
4. Mandatory no-fault state: PIP basic limits accepted? Yes ____ No ____
5. Medical Payments: Rejected _____ Limits accepted: _____
6. Physical Damage deductibles: \$500 ____ \$1,000 ____ Other Specify: _____
7. Do you understand that we may audit your records, which might result in additional premium? Yes ____ No ____

DESCRIPTION OF OPERATIONS

1. Applicant is: Individual ____ Partnership ____ Corporation ____ Other: _____
2. How long has this operation been in business? _____
3. Has there been any change in ownership, management or the name of the operation during the last five (5) years? Yes ____ No ____ If yes, provide details: _____

4. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes ____ No ____
If yes, provide details: _____
5. Description of operations: _____
6. Identify type of equipment hauled and maximum size: _____
7. Normal areas of operations: _____
List all states where vehicles operate: _____
8. Any hauling of equipment for others? _____
9. Are all drivers covered by Workers' Compensation insurance? Yes ____ No ____
10. Describe primary purpose of your operation and services provided: _____

Is there any personal use of autos? Yes ____ No ____ If yes, please explain: _____

11. Do any autos have special modifications? Yes ____ No ____ If yes, describe: _____

12. Where are keys kept while the autos are not in use? _____
13. Do you have a maintenance department for service repair on autos? Yes ____ No ____
If no, what arrangements are made to provide regular maintenance of autos? _____

If yes, Indicate percentage and for whom: _____
14. Are any vehicles or equipment loaned, rented, or leased to others? Yes ____ No ____

HIRED AUTO INFORMATION

1. Why is hired auto coverage being requested? _____

2. Does the trucking firm you hire, haul for others? Yes___ No___
If yes, indicate percentage and for whom: _____
3. Are any vehicles or equipment loaned, rented, or leased to others? Yes___ No___
4. Do you lease, hire, rent or borrow vehicles, for other than your primary hauling contract? Yes___ No___
Types of vehicles and the average term of the lease? _____
Is there a written agreement? _____
If yes, provide a copy of the agreement.
5. Does your lease agreement contain a Hold Harmless clause? (Please provide a copy) Yes___ No___
6. Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire? (Please provide a copy) Yes___ No___
7. Do you obtain certificates of insurance from the truckers you hire? Yes___ No___
(Certificates of insurance with limits of at least \$1,000,000 are required from your sub-haulers and hard copy verification is mandatory. Please provide a copy)
8. Does the trucking firm you hire have any sort of fleet safety management including hiring practices and MVR review? Yes___ No___
9. Are you aware of any current/previous losses with respect to both the trucking firm(s) for hire in association or relation to your operation? Yes___ No___
If yes, please describe: _____

10. Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes___ No___
Will they be scheduled on the policy? Yes___ No___
What is the average term of the lease? _____
11. What is your cost to lease, hire, rent or borrow vehicles? With drivers? _____ W/O drivers? _____
Estimated cost of hired autos: This year: _____ Last year? _____
12. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors _____% Trailers _____%
Heavy & Extra heavy Trucks _____% Pickup trucks or vans _____% Private Passenger cars _____%
13. At any time will your employees or subcontractors lease vehicles in your name? Yes___ No___
If yes, under whose name are the autos leased?
Employees name: _____
Your name: _____
Explain: _____

NON-OWNED AUTO INFORMATION

- 14. Why is non-ownership liability coverage being requested? _____
- 15. What types of non-owned autos will be used in your business? _____
Total number of non-owned autos used: _____ How will they be used? _____
- 16. How often are non-owned autos used in your business? Daily___ Weekly___ Monthly___
Other: _____ Estimate the number of hours per month: _____
Estimate annual mileage for use of all non-owned autos: _____
- 17. Do any employees use their autos in your business? Yes___ No___
If yes, what limit of liability insurance are they required to maintain? _____
Do you require evidence of insurance? Yes___ No___
- 18. Will you use non-owned autos other than those owned by employees? Yes___ No___
If yes, describe the relationship _____
- 19. Total number of employees: _____ Total number of officers and partners: _____
- 20. Do you obtain motor vehicle records for all drivers? Yes___ No___
- 21. Do you understand that we may audit your records for Hired and Non-owned auto exposure,
which might result in additional premium? Yes___ No___

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Licensed Agent: _____

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Agent Name: _____ Agent License Number: _____

Checklist

To improve our response time on quotes, we need your assistance. Please complete the following checklist and use as your coversheet when sending a submission.

The company FEIN # and the complete 17-digit Vehicle Identification Numbers (VIN) required for ALL vehicles Prior to binding an account.

REQUIRED WITH ALL SUBMISSIONS:

- ▶ Completed, signed application, accord completed
- ▶ Five-year currently valued company loss runs with details of any large losses.
(Include an explanation of any term changes or discrepancies.)
- ▶ Explanation of multiple named insured's.
- ▶ Current MVR's with drivers list

HIRED & NON-OWNED REQUIREMENTS:

- ▶ Copy of Contracts reflecting Hold Harmless
- ▶ Must have proof of auto limits being 1 million & listed as additional insured
- ▶ Cost of hire

We will probably ask for:

- ▶ Current financial statement.
- ▶ Description of driver hiring guidelines, maintenance, and safety programs.

The following information Is always helpful:

- ▶ Target Pricing
- ▶ Loss re-cap
- ▶ Prior premium for each year