

# TRUCK INSURANCE APPLICATION

1. GENERAL			
Applicant's name _____			
Address _____		Phone # _____	
Insured:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	Proposed effective date: _____
	<input type="checkbox"/> Corporation	<input type="checkbox"/> _____	Expiration date: _____
Nature Of Business: _____		Years In Business: _____	

2. COVERAGES REQUESTED		
<input type="checkbox"/> Bodily Injury _____	<input type="checkbox"/> Uninsured Motorists _____	<input type="checkbox"/> Physical Damage - See Section 8
<input type="checkbox"/> Property Damage _____	<input type="checkbox"/> Underinsured Motorists _____	<input type="checkbox"/> Non-Trucking - See Section 9
<input type="checkbox"/> Combined Limit (CSL) _____	(where applicable) _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Medical Payments _____	<input type="checkbox"/> PIP (No fault states only) _____	
	<input type="checkbox"/> In tow (tow trucks) Limit _____	
Deductible _____		

3. OPERATIONS	
A. Types of cargo hauled? _____	
B. Annual gross receipts? _____	Maximum radius of operation? _____ miles
C. Do you haul your own cargo exclusively? _____	If not, who owns it? _____
D. Do you haul any hazardous, flammable, explosive, corrosive or chemical materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	
E. List the largest cities into or through which vehicles are operated:	
1) _____	2) _____ 3) _____ 4) _____ 5) _____
F. Do you travel to Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many days per month? _____
G. Do you hire any equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, annual cost of hire? _____
H. Do you lease or rent your equipment to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, with drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
I. Any vehicles specially equipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain. _____
J. Filings: <input type="checkbox"/> ICC Docket # _____	Base registration state _____
Attach copy of RS-1, RS-2, and IRP Schedule B (Fuel Tax Report) <input type="checkbox"/> State filings _____	
K. Remarks: _____	

4. PRIOR INSURANCE CARRIERS (3 previous years)					
Prior carriers	Year	Policy #	# of trucks & tractors	Premium	Cancelled or non-renewed? (Reason?)

5. LOSS EXPERIENCE FOR PAST THREE YEARS (Add additional sheet, if necessary)			
Date of loss	Description, incl. driver's name, liability or physical damage	Amount paid	Current reserve

6. DRIVER INFORMATION (Add additional sheet, if necessary)						
Driver's name (as on driver's license)	Date of birth	Driver license no. & state where licensed	Years licensed	Years driving similar vehicle	Date of hire	Accidents and violations in the last three years

Are all drivers your employees?  Yes  No      Are your employees covered by Workers' Compensation?  Yes  No

Do you agree to promptly report all drivers to us?  Yes  No      Drivers are paid by?  Load  Mileage  Hourly  Other \_\_\_\_\_

During the last 12 months, how many drivers were:      Hired? \_\_\_\_\_      Fired? \_\_\_\_\_      Quit? \_\_\_\_\_

**7. VEHICLE INFORMATION (Add additional sheet, if necessary)**

Auto No.	Model year	Trade name	Body type (tractor, truck-tractor, trailer)	Vehicle ID no.	GVW/GCW Of Vehicle	Radius of operation (in miles)	Town & state principally garaged
1							
2							
3							
4							
5							
6							

- A. Do you have a regular vehicle inspection and preventive maintenance program?  Yes  No  
 If yes, describe \_\_\_\_\_
- B. Do you own any vehicles which will not be covered under this policy?  Yes  No If yes, describe all other vehicles and other liability insurance \_\_\_\_\_

**8. PHYSICAL DAMAGE (Add additional sheet, if necessary)**

No.	Purchased new or used (N or U)	Date purchased	Cost when purchased	Amount of insurance (must equal present value)	Collision Deductible	Specified causes of loss deductible	Loss payee
1							
2							
3							
4							
5							
6							

**9. NON-TRUCKING INSURANCE – COMPLETE AND SIGN THIS SECTION ONLY IF NON-TRUCKING COVERAGE IS REQUESTED.**

- A. Are you under permanent lease to an authorized carrier?  Yes (**Attach copy of lease**)  No
- B. Name of carrier to whom equipment is leased \_\_\_\_\_
- C. How long have you been leased to this carrier? \_\_\_\_\_
- D. Do you ever trip lease?  Yes  No
- E. Do you ever haul goods other than under permanent lease?  Yes  No If yes, explain \_\_\_\_\_

I understand that the Automobile Liability, Uninsured Motorists, and PIP coverages I am applying for are “non-trucking” and do not apply to a vehicle while used to carry property in any business or while used in the business of anyone to whom the vehicle is rented or leased. I understand that the policy I am applying for requires me to be under permanent written lease to an authorized carrier who will provide Bodily Injury And Property Damage Liability insurance in at least the amounts required by law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**10. AGREEMENTS AND SIGNATURES**

**APPLICANT:** I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. I AGREE TO PROMPTLY REPORT ALL FULL TIME AND PART TIME DRIVERS. MY EMPLOYEES UNDERSTAND THAT MOTOR VEHICLE REPORTS WILL BE ORDERED. ON THEIR BEHALF, I AUTHORIZE THE INSURER TO ORDER THESE REPORTS ON EACH DRIVER I EMPLOY OR CONTRACT. THIS APPLICATION ALONE DOES NOT BIND COVERAGE. **I UNDERSTAND THAT THIS POLICY DOES NOT PROVIDE ANY COVERAGE IN ONTARIO, CANADA.**

**FRAUD WARNING:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Applicant's Signature \_\_\_\_\_ Producer's Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_