

**TRUCK APPLICATION**

**1. GENERAL**

Applicant's Name: \_\_\_\_\_ SSN or FEIN \_\_\_\_\_  
Show name exa.ctly as it appears oh Regulatory Authority Permits

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Street City State ZipCode Include Area Code

Insured:  Individual  Partnership  Corporation Insured Contact for Safety Inspection \_\_\_\_\_  
 \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_

Nature of Business \_\_\_\_\_ Years in Business \_\_\_\_\_  
 If you have not had insurance of the same type as currently being applied for in your own name for the past three years, complete the following:

Previous Employer	Address	Employment Dates	Type Vehicle	Loaded Weight	Radius of Operation
		/ / to / /			

A 5% Discount is available when Truck Liability, Physical Damage and one other Coverage Part are written together in one policy. (Except LA, MI, OK & TX)

**2. COVERAGES AND LIMITS REQUESTED**

<input type="checkbox"/> Bodily Injury/Property Damage	<input type="checkbox"/> Medical Payments _____	<input type="checkbox"/> Comprehensive _____ <small>Deductible - Refer to Schedule</small>
Limits: _____	<input type="checkbox"/> Personal Injury (PIP) _____	<input type="checkbox"/> Collision _____ <small>Deductible - Refer to Schedule</small>
<input type="checkbox"/> CSL	<input type="checkbox"/> Under/Uninsured Motorist _____	<input type="checkbox"/> Specified Causes of Loss/Specified Perils _____ <small>Deductible - Refer to Schedule</small>

Trailer Interchange - please attach copy of lease agreement

Limit per trlr.	\$ _____
Deductible Amt.	\$ _____
# of trailer days	_____
# of trailers	_____
Radius	_____

**NOTICE REGARDING PIP AND UM/UM COVERAGES (New York Only - PIP and UM/SUM Coverages)**

If required by law in your state, you must complete an additional form(s) rejecting coverage or selecting limits of liability desired for uninsured /underinsured motorists, (New York Uninsured/Supplementary Motorists) and personal injury protection coverage. Selecting coverage will increase your premium. Be sure your agent provides you with the necessary form(s), explains the options and advises you of the cost of your selection(s). **ATTACH FORMS TO THIS APPLICATION.**

**3. OPERATIONS**

Types of cargo hauled? \_\_\_\_\_ Maximum radius of operation \_\_\_\_\_

**(A separate application will be required for cargo coverage. Ask your agent for the form.)**

Do you haul your own cargo exclusively?  Yes  No If not, what percentage? \_\_\_\_\_

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 operate over a regular route?  Yes  No Maximum Radius of Operation: \_\_\_\_\_

Describe usual route(s) including largest city entered: \_\_\_\_\_

**ATTACH LIST OF MILEAGE BY STATE FOR THE LAST FOUR QUARTERS (Such as Schedule B Pro-Rate Sheet)**

Do you operate as a broker?  Yes  No If yes, in what name? \_\_\_\_\_

**NOTICE**

If you lease your vehicle to another trucker, you may have agreed to indemnify and hold harmless that trucker for Third Party Bodily Injury and Property Damage. In order to fully protect yourself against claims of this nature, you may need to name the lessee as an additional insured. Identify any additional insureds that will be required: \_\_\_\_\_

**4. FILINGS**

List base state, FHWA (previously ICC) Docket number and all state and permit numbers where filings are required:

Any Special Filing required such as oversize, overweight, city permits? (Give Details) \_\_\_\_\_

**5. LOSS EXPERIENCE - Current and Previous 3 years**

**PRIOR INSURANCE CARRIERS**

Prior Carriers	Year	Policy No.	Liability Limits	Premium	Reason Coverage Moved

**LOSS DETAILS (Attach additional sheet if necessary)**

Date of Loss	Description, including Driver's Name and Type of Loss: Liability or Physical Damage	Amount Paid	Current Reserve

**6. DRIVER INFORMATION (Attach separate sheet if necessary)**

Driver's Name (As shown on Driver's License)	Date of Birth	Driver's License No. and State Where Licensed	Years Licensed	Years Driving Similar Vehicle	Date of Hire	No. of Accidents, Convictions and Violations in Last Three Years		
						Accidents	Convictions	Violations

**IMPORTANT NOTICE**

All new drivers hired during the term of this policy must be immediately reported to the Company. Failure to report may result in termination of this policy. Report now drivers to your agent.

- Are all drivers your employees?  Yes  No
- Do you maintain employment applications and personnel files for each driver?  Yes  No
- Are all drivers covered by Workers' Compensation Insurance?  Yes  No
- Do you order MVR's on new drivers before hiring?  Yes  No
- Do you verify previous employment?  Yes  No
- How many drivers did you employ in the last year? \_\_\_\_\_
- Do you ever allow relatives or others to ride?  Yes  No
- If yes, explain \_\_\_\_\_

**7. VEHICLE INFORMATION**

- Do you trip lease?  Yes  No If yes, attach copy of rental or lease agreement form used.
- Do you hire any equipment?  Yes  No If yes, explain: \_\_\_\_\_
- Estimated cost of hire: \_\_\_\_\_
- Do you lease, rent, or interchange your equipment with others?  Yes  No If yes, with drivers? \_\_\_\_\_
- Do you pull doubles or triple trailers?  Yes  No If yes, what percent of trips? \_\_\_\_\_%
- Are any vehicles specially equipped?  Yes  No How? \_\_\_\_\_
- Do you have a regular vehicle inspection and preventive maintenance program?  Yes  No
- Do you service equipment?  Yes  No If no, who does? \_\_\_\_\_
- Do you have a written safety program?  Yes  No
- Do you own any vehicles which will not be covered under this policy?  Yes  No
- If yes, describe other vehicles and other liability insurance: \_\_\_\_\_

Auto No.	Owned	Leased	Model Year	Manufacturer	17 digit Vehicle Identification No.	Vehicle Type *See Below
1	<input type="checkbox"/>	<input type="checkbox"/>				
G.V.W.		Maximum Radius (in miles)	Town & State Principally Garaged		List any permanently attached equipment or customized painting or lettering. Attach list if necessary.	

Auto No.	Owned	Leased	Model Year	Manufacturer	17 digit Vehicle Identification No.	Vehicle Type *See Below
2	<input type="checkbox"/>	<input type="checkbox"/>				
G.V.W.		Maximum Radius (in miles)	Town & State Principally Garaged		List any permanently attached equipment or customized painting or lettering. Attach list if necessary.	

Auto No.	Owned	Leased	Model Year	Manufacturer	17 digit Vehicle Identification No.	Vehicle Type *See Below
3	<input type="checkbox"/>	<input type="checkbox"/>				
G.V.W.		Maximum Radius (in miles)	Town & State Principally Garaged		List any permanently attached equipment or customized painting or lettering. Attach list if necessary.	

Auto No.	Owned	Leased	Model Year	Manufacturer	17 digit Vehicle Identification No.	Vehicle Type • See Below
4	<input type="checkbox"/>	<input type="checkbox"/>				
G.V.W.		Maximum Radius (in miles)	Town & State Principally Garaged		List any permanently attached equipment or customized painting or lettering. Attach list if necessary.	

Auto No.	Owned	Leased	Model Year	Manufacturer	17 digit Vehicle Identification No.	Vehicle Type *See Below
5	<input type="checkbox"/>	<input type="checkbox"/>				
G.V.W.		Maximum Radius (in miles)	Town & State Principally Garaged		List any permanently attached equipment or customized painting or lettering. Attach list if necessary.	

\* VEHICLE TYPE

**TRACTORS**

Cabover  
Conventional

**TRUCKS**

Flatbed  
Straight Truck  
Delivery/Step Van  
Dump Truck  
Pickup  
Garbage Truck  
Cement Truck  
Reefer Truck

**SEMI-TRAILERS**

Dry Van  
Refrigerated  
Soft Side  
Livestock  
Flatbed  
Pole/Logging  
Tanker  
Car Carrier  
Bulk Commodity  
Dollies  
Unidentified

**FULL-TRAILERS**

Dry Van  
Refrigerated  
Soft Side  
Livestock  
Flatbed  
Pole/Logging  
Tanker  
Car Carrier  
Bulk Commodity  
Dollies  
Unidentified

**8. PHYSICAL DAMAGE (Attach separate sheet if necessary)**

Unit No	Purchased New/Used	Date Purchased	Cost When Purchased	Limit of Insurance (Actual Cash Value) *	Coverages Desired		Loss Payee Name	Loss Payee Address
					Collision Deductible	**Specified Causes of Loss/Comp Deductible		
1								
2								
3								
4								
5								

\* ORIGINAL COST NEW FOR PRIVATE PASSENGER VEHICLES      \*\* or Specified Perils

**APPLICANT**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OR A CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF INSURANCE FRAUD.

**PRIVACY NOTIFICATION:** A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED MAY UNDER CERTAIN CIRCUMSTANCES BE DISCLOSED TO AFFILIATED AND NOW AFFILIATED COMPANIES FOR NON-INSURANCE MARKETING PURPOSES UNLESS YOU WRITE TO US AT THE ADDRESS PROVIDED WITH YOUR POLICY AND DIRECT US NOT TO MAKE SUCH DISCLOSURE.

YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, PLEASE WRITE TO US AT THE ADDRESS PROVIDED WITH YOUR POLICY

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 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.

**NOTICE TO COLORADO APPLICANTS-** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY PENALTIES MAY INCLUDE IMPRISONMENT, FINES DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR REWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO FLORIDA APPLICANTS:**

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

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

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

\_\_\_\_\_  
Date Application Completed

**BROKERING AGENT'S REGISTER #** \_\_\_\_\_

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is \_\_\_\_\_ Bound effective \_\_\_\_\_ (time) \_\_\_\_\_ (date), \_\_\_\_\_ Not Bound

Binder must be approved by Authorized Licensed Representative of Carolina Casualty Insurance Company.

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

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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 MATERIAL 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO MAINE & VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

MUST BE SIGNED BY APPLICANTS:

I hereby authorize Carolina Casualty Insurance Company and/or the Producing Agent to obtain from the proper authority a copy of my Motor Vehicle 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 above is true.

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