

**New England Excess Exchange, Ltd.**  
**P O Box 219 ~ Montpelier, VT 05601 ~ 800-548-4301 ~ Fax 800-347-4935**

UNITED STATES LIABILITY INSURANCE GROUP

**Excess Commercial Auto**

**APPLICATION**

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Name of Applicant and All Affiliated Companies _____	
2. Mailing Address _____	3. Principal Location _____
4. Other Terminals _____	
5. What is Applicant's business? _____	
6. Years of experience in business _____	8. Annual Payroll _____
	8. Annual Gross Receipts' _____
9. Is Applicant a Common Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No;	10. a Private Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No
	11 a Contract Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, _____
for whom? _____	
12. Specific commodities hauled and percentages of each (avoid general terms) _____	
13. Does Applicant Hire Vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, what is annual cost of hire? _____	
14. Hazardous commodities transport <input type="checkbox"/> Explosives <input type="checkbox"/> Gasoline <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Chemicals <input type="checkbox"/> Waste (garbage, refuse, trash) <input type="checkbox"/> Other _____	
Describe items checked in detail _____	
15. Average radius of operations _____	16. Mileage longest run _____
17. Largest cities entered _____	
18. Operated over a regular route? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, mileage average route _____ Mileage longest route _____	
19. Does Applicant transport school children or passengers including car pools? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, describe including frequency per year _____	
20. Average and maximum radius of operation _____	
21. Any handicapped passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, supervisor to passenger ratio _____	
22. Type and degree of handicap _____	
23. Are any vehicles equipped with wheelchairs? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, identify the units in Question 45. _____	
24. Charter operations? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, frequency _____	
25. Average radius of operations _____	26. Longest run, (specify city to city) _____
27. Do hiring and training practices include the following?	
a) Driving and/or written examinations _____	b) MVR checks <input type="checkbox"/> Yes <input type="checkbox"/> No
c) Emergency procedure training (first aid, evacuation, etc.) _____	
d) Training review and MVR checks (annual, semi-annual, other) _____	
28. Describe Safety Programs, including any employee incentive plans for safe driving _____	
29. Are vehicles serviced by own employees or outside garage? _____	
a) Frequency service schedule, major and minor _____	
30. Is primary policy filled with I.C.C. or any State Regulatory Body? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe, _____	
Does Motor Carrier Act of 1980 apply to Applicant's vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, describe type of carrier <input type="checkbox"/> Type I (Non-Hazardous)	
<input type="checkbox"/> Type 2 (Hazardous) <input type="checkbox"/> Type 3 (Hazardous) <input type="checkbox"/> Other. If other describe _____	

32. Losses Paid or Reserved (Insured or Uninsured) List all losses paid or now reserved in an amount Of \$10,000 or more during last five years. If none, so state.

Year	Description of Occurrence	Amounts Paid or Reserved BI	PD

33. Describe Largest Claim Ever Made Against Applicant \_\_\_\_\_

34. Ages of drivers \_\_\_\_\_

35. List currently employed drivers with more than 2 accidents or 3 violations in the past 3 years \_\_\_\_\_

36. Have any drivers been convicted of driving while intoxicated, impaired, or under the influence of drugs in the past 5 years?  
 Yes  No. If yes, please provide details \_\_\_\_\_

37. Name of Primary Carrier \_\_\_\_\_ 38. Policy NO. \_\_\_\_\_

39. Effective Date \_\_\_\_\_ 40. Expiration Date \_\_\_\_\_

41. Liability Limits of Primary Carrier:  
 \$ \_\_\_\_\_ each person \$ \_\_\_\_\_ each accident Property Damage  
 \$ \_\_\_\_\_ each accident Bodily Injury \$ \_\_\_\_\_ or Combined Single Limit BI & PD

42. Excess Limits of Insurance requested:  
 \$ \_\_\_\_\_ each person \$ \_\_\_\_\_ each accident Property Damage  
 \$ \_\_\_\_\_ each accident Bodily Injury \$ \_\_\_\_\_ or Combined Single Limit BI & PD

43. Date coverage to be effective \_\_\_\_\_ 44. Expiration Date \_\_\_\_\_

45. Provide age, make, description, radius of operation, and primary premium for each vehicle.

Unit No.	Year	Make	Description*	Serial No.	Radius of Operation	Primary Premium BI	PD
1.						\$	\$
2.						\$	\$
3.						\$	\$
4.						\$	\$
5.						\$	\$

(use separate sheet for additional units)  
 • Private passenger, Pickup, Lt. Truck (10,000 to 20,000 lbs.), Heavy Truck (20,000 to 45,000 lbs.), Extra Heavy Truck/Tractor (over 45,000 lbs.), Trailer, School Buses (include seating capacity), Taxi, Limo, Ambulance, Line Bus (include seating capacity). Describe any equipment permanently attached to a vehicle, such as cranes, lifts, booms, etc.

FRAUD STATEMENT: 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 A& WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicants Warranty Statement. I have read this application, and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that this application will be made a part of the policy, should the Company evidence its acceptance of this application by issuance of a policy.

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

Agent's/Broker's Signatures \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_