

Truck Application (1-10 Motor Powered Vehicles)

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

1. Name _____
2. Address (Not a PO Box) _____
3. City & State _____ Zip _____
4. Phone Number _____
5. Garaging Location(s) _____
6. Person to contact for inspection (name and phone number) _____

Status of Submission: Quote Bind at earliest possible date
 Issue policy from _____ to _____
 Applicant's Representative _____ Phone No. _____

DESCRIPTION OF OPERATIONS

- Individual/Proprietorship
 Partnership
 Corporation
 Other
7. Business _____ Years experience _____ New Venture? Yes No
 8. Is this your primary business? Yes No If no, explain _____ Seasonal? Yes No
 9. Have you ever filed under Chapter 11 or Bankruptcy? Yes No If yes, when _____ Explain _____
 10. Gross receipts last year _____ Estimate for coming year _____ Business for sale? Yes No
 11. Do you operate in more than one state? Yes No If yes, what states? _____
 12. Show largest cities entered: _____ Do you haul for him? Yes No
 13. Do you operate over a regular route? _____ If so show towns operated between: _____
 14. Are you a common carrier? _____ Contract hauler? _____ If yes, for whom? _____
 15. List all kinds and types of cargo hauled: _____
 16. Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? _____ If yes, what type(s) materials is being hauled? (give complete listings, naming material(s) and/or chemical content) _____
 17. Do you haul your own cargo exclusively? _____ If not, who owns it? _____
 18. Do you pull double trailers? Yes No Triple trailers? Yes No
 19. Do you rent or lease your vehicles to others? _____ If yes attach copy of rental or lease agreement form used.
 20. Do you hire any vehicles? Yes No If yes hired and non-owned coverage is desired, complete M-4055 and submit to Company

INSURANCE NEEDS - Complete for desired coverages by indicating limits of					
Insurance	LIABILITY			Medical Payments	Personal Injury Protection
Combined Single Limit BI & P/D	Split Limits				
	Bodily Injury		Property Damage		
	Each Person	Each Accident	Each Accident		

IF PHYSICAL DAMAGE COVERAGE DESIRED - REFER TO FOLLOWING PAGE.

IF ANY OF THE FOLLOWING COVERAGES ARE DESIRED, COMPLETE THE CORRESPONDING FORM:

HIRE, NON-OWNED - M-4055; MOBILE HOME MODULAR HOME TRANSPORTER - M-2648; IN-TOW - M-4367; CARGO - M-4413

UNINSURED (UNDERINSURED) - Must be signed by Applicant - This coverage provides protection for persons who are entitled to recover damages because of bodily injury (including resulting death) from an owner or operator of an uninsured motor vehicle, or an insured motor vehicle, whose Liability Coverage limits are less than the insured person's Uninsured Motorists Coverage limits.

Basic Limits Accepted as follows:

Single Limit	Split Limits	
	Bodily Injury	
	Each Person	Each Accident

Other Limits Accepted as follows: _____

UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICE, AS INDICATED ABOVE, WILL CONTINUE REGARDLESS OF ANY ADDITION OR CHANGE IN AUTO COVERAGE ON YOUR CURRENT POLICY OR ADDITION OF ANY SCHEDULED AUTOS AND WILL BE CARRIED FORWARD ON ALL FUTURE RENEWAL POLICIES WITHOUT ADDITIONAL NOTICE.

Applicant's Signature _____ Date _____

SIGNATURE IS ALSO REQUIRED ON BACK OF APPLICATION UM-ME (2/94)

LOSS EXPERIENCE- Provide prior insurance carriers information for past full three years.

Policy Term		Insurance Company Name	Policy Number	# of Motor Powered Vehicles	# of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	TO					Liab	Phys Dam	BI	PD	Coll	Other

21. Have you ever had insurance with one of the companies listed above? Yes No If yes, give policy number and date _____
22. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? Yes No If yes, date and why _____
23. 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 _____

DRIVER INFORMATION - If additional space is needed, attach separate listing.

Drivers	Date of Birth	Driver's State	Number	Type of License (CDL (eff 4/921; other)	Date of Employment	Years Licensed
1.						
2.						
3.						
4.						
5.						

No. Years Previous Commercial Driving Experience	Number of Accidents and Moving Traffic Violations in Past 5 Years			(A) Convictions for DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/Revoked, Speed Contest or any other felony (B) Date	Co. Emp. (C) Ind. Cont. (C) Owner/Operator (O/O) Franchisee (F)	Married (Y or N)
	Number of Accidents	Number of Violations	Date of Accident/Viol.			

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

24. Are drivers covered by Workers Compensation Yes No If yes, name of carrier _____
25. Minimum years driving experience required _____ Are vehicles owner-driven only? Yes No
26. Are drivers ever allowed to take vehicles home at night? Yes No If yes, will family members drive? Yes No
27. What is the basis for driver(s) pay? Hourly? _____ Trip _____ Mileage _____ Other, Explain _____
28. Do you order MVR's on all drivers prior to hiring? Yes No Driver's maximum driving hours _____ daily, _____ weekly
29. Do you agree to report all newly hired operators? Yes No

SCHEDULE OF AUTOS/VEHICLES - If additional space is needed, attach separate listing.

N	Model Year	Trade Name	Body Type (Truck, Tractor, Trailer, Semi-Trailer, Other - Describe)	VIN or Serial # (last 5 digits for all states except AZ & LA)	Licensed* Weight	Total 9 Of rear axles	Town & State Where Principally Garaged	If Lessor to be Added as Additional Insured Show Name of Lessor for Each Vehicle	Radius Of Operation (miles)	Estimated Annual Mileage Per Vehicle	Anti-Lock Brakes (A), Air Bags (B) or Anti-Theft Devices (C)	Use** S) Service R) Retail C) Comm B) Bus. Use PP
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

* Licensed Weight - Gross Vehicle Weight (GVW) or Gross Combined Weight (GCW) of vehicle and load.

**Vehicle Use: S) Service - Transportation of Personnel, Tools, and Equipment and usually parked at job site. C) Commercial - All other. R) Retail - House to house delivery. B) Private Passenger Vehicles Used in business.

30. Number of vehicles Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Dollies _____
31. Number of vehicles leased Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Dollies _____

PHYSICAL DAMAGE COVERAGES - If additional space is needed, attach separate listing.

Vehicle No	Date Purchased Mo./Yr	Cost When Purchased	Value of Vehicle Excluding Permanently Attached Special Equipment	Value of Permanently Attached Special Equipment	Specified Causes of Loss		Collision	
					Amount of Insurance	Deductible	Amount of Insurance ACV or SA	Deductible
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

32. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee _____

FILING INFORMATION

Broker
 Common Contract

33. Do you have an Interstate Commerce Commission permit? Yes No If yes, docket number _____
34. If you hold a Brokers license, name filed with ICC, ICC docket no. and receipts from brokerage operations _____

35. If you am an interstate regulated carrier, identify your Registration or Base State _____ Is an ICC filing required? Yes No

36. Is an intrastate filing needed? Yes No If yes, show state and permit number _____

37. Show exact name and address in which permits are issued _____

38. Are commodities hauled oversize or overweight? Yes No Are Oversize/Overweight filings needed? Yes No
If yes, show states _____

39. Are escort vehicles towed on return trips? Yes No Is MCS 90 endorsement needed? Yes No

40. Is our policy to cover all vehicles owned, operated or under lease to applicant? Yes No

41. Does your authority allow for transportat ion of hazardous commodities? Yes No

42. Do you "allow" others to haul hazardous commodities under your authority? Yes No

43. Have you ever changed your operating name? Yes No
44. Do you appoint agents to operate on your behalf? Yes No Do you operate as a subsidiary of another company? Yes No
45. Do you operate under any other name? Yes No Do you lease your authority? Yes No
46. Have you purchased, sold or applied for authority over the past 3 years? Yes No
47. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (ICC, PUC, etc.)? Yes No
48. Is evidence/certificate(s) of coverage required? Yes No

49. If the answer is yes to any of the above boxed questions, explain _____

50. Do you have agreements with other carriers for the interchange of equipment or transportation of loads? Yes No

If yes, attach a copy of current agreements and complete the following:

(a) With whom has such agreement(s) been made? _____

(b) Do the parties named in (a) carry aut omobile liability insurance? Yes No

If yes, name of insurance company and limits of liability (Bodily Injury & Property Damage) _____

(c) Under whose permit does each of the parties to the agreement(s) operate? _____

(d) Is there a hold harmless in the agreement(s)? Yes No

51. Do you barter, hire r lease any vehicles? Yes No If yes, explain _____

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers am true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain c overage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

Applicant's Signature _____ Date _____ Witness _____

Auth ority of applicant Insured Officer Other, Explain _____

Additional comments: _____

