

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

1. Name (and "dba") \_\_\_\_\_  
 Individual/Proprietorship  Partnership  Corporation  Other \_\_\_\_\_ Business Phone Number \_\_\_\_\_
2. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Premises Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Person to contact for inspection (name and phone number) \_\_\_\_\_
5. Have you ever had insurance with us before?  Yes  No If yes, Policy Number(s) & Effective Date(s) \_\_\_\_\_

**DESCRIPTION OF OPERATIONS**

6. Describe business \_\_\_\_\_  
 Years experience \_\_\_\_\_ New Venture?  Yes  No If you are a tow truck operation, do you do repossessions?  Yes  No
7. Is this your primary business?  Yes  No If no, explain \_\_\_\_\_  
 Seasonal?  Yes  No
8. Have you ever filed for Bankruptcy?  Yes  No If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
9. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_ Business for sale?  Yes  No
10. Do you operate in more than one state?  Yes  No If yes, list states \_\_\_\_\_
11. Do you haul for hire?  Yes  No Show largest cities entered \_\_\_\_\_
12. Do you operate over a regular route?  Yes  No If yes, show towns operated between \_\_\_\_\_
13. Are you a common carrier?  Yes  No Are you a contract hauler?  Yes  No If yes, for whom \_\_\_\_\_
14. List all types of cargo hauled \_\_\_\_\_
15. Do you haul any hazardous or extra hazardous substances or materials as defined by EPA?  Yes  No If yes, provide complete listing identifying all material(s) and/or chemical content: \_\_\_\_\_
16. Do you haul your own cargo exclusively?  Yes  No If not, who owns it? \_\_\_\_\_
17. Do you pull double trailers?  Yes  No Triple trailers?  Yes  No
18. Do you rent or lease your vehicles to others?  Yes  No If yes, attach copy of rental or lease agreement form used.
19. Do you hire any vehicles?  Yes  No Complete Hired and Non-Owned Supplemental Questionnaire if coverage is desired.

LIABILITY COVERAGE — Complete for desired coverages by indicating limits of insurance.					
LIABILITY			Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED, REFER TO FOLLOWING PAGE. IF IN-TOW COVERAGE DESIRED, COMPLETE TOW TRUCK SUPPLEMENT. HIRED, NON-OWNED - M-4055.
Combined Single Limit BI & PD	Split Limits				
	Bodily Injury	Property Damage			
	Each Person	Each Accident	Each Accident		

**APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

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

Driver's Name	Date of Birth	Driver's Licenses				Experience	
		State	Number	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	Type of Unit (Bus, Van, Truck, Tractor, etc.)	No. of Years
1.							
2.							
3.							
4.							
5.							

**DRIVER INFORMATION (Continued) — If additional space is needed, attach separate listing.**

No. Years Previous Commercial Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony)		Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date(s)	
1.								
2.								
3.								
4.								
5.								

**PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.**

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

**SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.**

Veh. No.	Model Year	Vehicle Make & Model	Body Type (Truck, Tractor, Trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

26. Will lessor be added as additional insured?  Yes  No If yes, give name and address of lessor for each vehicle \_\_\_\_\_
27. Number of vehicles owned: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_
28. Number of vehicles leased: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_

**PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above.**

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible		Cargo Limit of Insurance
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

29. Any loss payees?  Yes  No If yes, give name and address of mortgagee/loss payee for each vehicle \_\_\_\_\_

LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.										
Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid & Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/Coll	Other

30. 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 \_\_\_\_\_
31. Have you ever been declined, cancelled or non-renewed for this kind of insurance?  Yes  No If yes, date and why \_\_\_\_\_

CARGO INFORMATION — 100% coinsurance clause applies. Use Tow Truck Supplement for In-Tow/On Hook coverage.							
PREVIOUS CARGO CARRIER AND LOSS EXPERIENCE (list for the past three years with most recent carrier first).							
Policy Term		Company & Policy Number	Premium	Number of Claims	Cause of Loss	Amount Paid	Reserves
From	To						

Describe Cargo Hauled	% of Hauling	Maximum Value	Average Value	Limit of Insurance	Deductible
				<b>SEE PHYSICAL DAMAGE COVERAGE SECTION</b>	<input type="checkbox"/> \$500
					<input type="checkbox"/> \$1,000
					<input type="checkbox"/> \$2,500
					<input type="checkbox"/> Other _____

If applicant hauls double wide mobile homes, Limit of Insurance must be equal to the value of both sides combined to satisfy co-insurance. Amount of insurance on each truck should equal maximum load carried.

32. Select type of cargo coverage desired:  Named Perils or  Broad Form
33. Additional Coverage Options (additional premium may apply):  Additional Insured Endorsement (Lessee)  Loading and Unloading Coverage  Earned Freight Coverage  Refrigeration Breakdown Coverage  Hired Car Cargo Coverage  Exclude Theft Coverage

**FILING INFORMATION**

34. Is an FHWA filing required?  Yes  No If yes, MC number \_\_\_\_\_  
 Common  Contract  Broker Do you require FHWA cargo filing?  Yes  No
35. If you hold a Brokers license, identify name filed with FHWA, FHWA docket no. and receipts from brokerage operations \_\_\_\_\_
36. If you are an interstate regulated carrier, identify your registration or base state \_\_\_\_\_
37. Is an intrastate filing needed?  Yes  No If yes, show state and permit number \_\_\_\_\_  
 List states for which insured requires CARGO FILINGS (check name on permits) \_\_\_\_\_
38. Show exact name and address in which permits are issued \_\_\_\_\_
39. Is MCS 90 endorsement needed?  Yes  No
40. Is our policy to cover all vehicles owned, operated or under lease to applicant?  Yes  No If no, explain \_\_\_\_\_
41. Are oversize, overweight commodities hauled?  Yes  No If filing required, show states \_\_\_\_\_  
 Are escort vehicles towed on return trips?  Yes  No
42. Does your authority allow for transportation of hazardous commodities?  Yes  No
43. Do you allow others to haul hazardous commodities under your authority?  Yes  No
44. Have you ever changed your operating name?  Yes  No Do you operate under any other name?  Yes  No
45. Do you operate as a subsidiary of another company?  Yes  No
- Do you own or manage any other transportation operations that are not covered?  Yes  No
47. Do you lease your authority?  Yes  No Do you appoint agents or hire independent contractors to operate on your behalf?  Yes  No
48. Have you purchased, sold or applied for authority over the past 3 years?  Yes  No
49. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)?  Yes  No
50. Is evidence/certificate(s) of coverage required?  Yes  No
51. Please explain any "yes" answer to questions 44 through 50 \_\_\_\_\_

52. 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 automobile 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
53. Do you barter, hire or lease any vehicles?  Yes  No If yes, explain \_\_\_\_\_

# CALIFORNIA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION FORM

## DO NOT SIGN UNTIL YOU READ

### Uninsured Motorists Coverage – Option to Reject

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

### Uninsured Motorists Coverage – Option to Select Lower Limits

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

### Uninsured Motorists Property Damage Coverage Where Policy Includes Collision Coverage

If Uninsured Motorists Coverage is not deleted and the policy of motor vehicle liability insurance includes collision coverage, the California Insurance Code requires an insurer to offer coverage which provides that the deductible amount, if any, to be paid by the named insured under the collision coverage shall be payable by the insurer in the event of collision involving a vehicle owned by the named insured and insured under the policy, and an uninsured motor vehicle. The named insured may elect not to accept the coverage or may waive this coverage when a motor vehicle is used or operated by a person or persons designated by name.

### Uninsured Motorists Property Damage Coverage Where Policy Does Not Include Collision Coverage

If Uninsured Motorists Coverage is not deleted and the policy of motor vehicle liability insurance does not include collision coverage, the California Insurance Code requires an insurer to offer coverage for property damage to an insured motor vehicle, but not including personal property contained therein, caused by the owner or operator of an uninsured motor vehicle. However, this requirement does not apply to a "commercial vehicle" as defined in California Insurance Code Section 260. As used in this paragraph "property damage" means payment for loss or damage to the insured motor vehicle resulting from collision, not to exceed its actual cash value or three thousand five hundred dollars (\$3,500), whichever is less, for which loss or damage the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle. Property damage does not include compensation for loss of use of the motor vehicle. The named insured may elect not to accept the coverage or may waive this coverage when a non-commercial vehicle is used or operated by a person or persons designated by name.

The options that you requested for Uninsured Motorist Coverage are reproduced on the next page. **These options determined your policy premium, but you may change them. Changing the selections may result in changes to your premium.** To make changes contact your agent.


The Named Insured selects the following (applicable item marked 


- Rejection of Uninsured Motorists Coverage in its entirety
- Selection of Uninsured Motorist Coverage at the limits shown below, which do not exceed the Liability Bodily Injury limit(s):
  - Split Limits:
    - \$ \_\_\_\_\_ Bodily Injury per person
    - \$ \_\_\_\_\_ Bodily Injury per accident
  - Combined Single Limit (BI only):
    - \$ \_\_\_\_\_ Bodily Injury per accident

**Uninsured Motorist Property Damage Coverage (Select if UM Coverage is not rejected)**

- On those vehicles which have Collision coverage through this policy, by checking this box I elect to have the insurance company waive my Collision deductible for collisions between an insured motor vehicle and an uninsured motor vehicle. I understand that this election will cost additional premium. If this box is unchecked then my Collision deductible will apply for collisions between an insured motor vehicle and an uninsured motor vehicle.
- On those vehicles which do not have Collision coverage through this policy, by checking this box I elect to purchase Uninsured Motorist Property Damage coverage as previously described on those eligible insured vehicles. I understand that this election will cost additional premium. Uninsured Motorist Property Damage coverage is not available on any "commercial vehicle," as defined in California Insurance Code section 260, and will not be provided on such insured vehicles even if this box is checked. If this box is unchecked then I reject Uninsured Motorist Property Damage coverage on all insured vehicles without Collision coverage.

I UNDERSTAND THAT THE OPTIONS I HAVE SELECTED WILL APPLY TO ALL SUBSEQUENT RENEWALS OF COVERAGE, AND TO ALL POLICIES OR ENDORSEMENTS WHICH EXTEND, CHANGE, SUPERSEDE OR REPLACE AN EXISTING POLICY ISSUED TO THE NAMED INSURED UNLESS CHANGED IN WRITING BY ANY NAMED INSURED.

 \_\_\_\_\_  
Signature of Named Insured or representative

 \_\_\_\_\_  
Title

 \_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

