

**COMMERCIAL AUTO FLEET  
 INSURANCE APPLICATION**

**GENERAL INFORMATION**

Producer Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Date Coverage Desired: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone # (including area code): \_\_\_\_\_  
 Website: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Owner/Safety Inspection Contact? Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Garage Location(s): \_\_\_\_\_  
 (if different) Street Address State Zip Phone  
 Please list all owned terminals:

Location(s)	# Units	Address, City, State

Years In Trucking Industry: \_\_\_\_\_ Business Start Date: \_\_\_\_\_  
 Federal ID #: \_\_\_\_\_ US DOT Number: \_\_\_\_\_  
 Have you filed for Bankruptcy or Chapter 11 in the past five years?  Yes  No Are you presently in bankruptcy?  Yes  No  
**Please forward a current balance sheet and income statement.**

**DESCRIPTION OF OPERATIONS**

For Hire  Private  Non-Trucking  Other (explain): \_\_\_\_\_  
 Range of Transport  Interstate  Intrastate

**Operations Beyond 300 Mile Radius:** Identify Metropolitan Areas Traveled Through or Into

- |  |  |                                      |  |                                       |  |
|--|--|--------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Atlanta         | <input type="checkbox"/> Dallas/Ft Worth | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Mpls./St Paul | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> San Diego     |
| <input type="checkbox"/> Balt-Washington | <input type="checkbox"/> Detroit         | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New Orleans   | <input type="checkbox"/> Phoenix      | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Boston          | <input type="checkbox"/> Houston         | <input type="checkbox"/> Miami       | <input type="checkbox"/> New York City | <input type="checkbox"/> Portland     | <input type="checkbox"/> Seattle       |
| <input type="checkbox"/> Chicago         |  |                                      |  |                                       |  |

Cities other than above or regular routes: \_\_\_\_\_

**COMMODITIES TRANSPORTED**

Commodity	% of Loads	Maximum Value	Commodity	% of Loads	Maximum Value
		\$			\$
		\$			\$
		\$			\$
		\$			\$

**GENERAL QUESTIONS**

1. Are **filings** required?  Yes  No If yes, list Base State, FHWA and All state and permit numbers where filings are required: \_\_\_\_\_  
 Docket #: \_\_\_\_\_  
 Any Special Filings such as Oversize, Overweight, City Permits?  Yes  No  
 Give Details: \_\_\_\_\_

2. Do you haul hazardous materials?  Yes  No  
 What Limits of Liability are required? \$ \_\_\_\_\_
3. Do you act as a freight-broker or freight-forwarder or arrange loads for others?  Yes  No  
 Docket #: \_\_\_\_\_  
 If yes, provide Brokerage Name: \_\_\_\_\_  
 Annual Brokerage Revenue: \$ \_\_\_\_\_
4. Are all owned trailers equipped with reflective tape?  Yes  No If no, attach a list of those trailers which are not.  
 ( Check if listing attached.)
5. Is all equipment operated under the applicant's authority scheduled on the application?  Yes  No  
 If no, attach explanation. ( Check if explanation attached.)
6. Is all owned equipment scheduled on this application?  Yes  No If no, attach explanation.  
 ( Check if explanation attached.)
7. Is all the scheduled equipment owned by you?  Yes  No If no, attach explanation.  
 ( Check if explanation attached.)
8. Do you pull doubles?  Yes  No Do you pull triples?  Yes  No
9. Do you haul containers or containerized freight?  Yes  No
10. Do you allow passengers other than company employees?  Yes  No If yes, attach a copy of passenger program  
 or explain program (frequency, requirements), etc. ( Check if explanation attached.)  
 \_\_\_\_\_
11. Do you use any team, hot seat, slip seating or relay driver operations?  Yes  No
12. Is this a seasonal operation?  Yes  No If yes, describe: \_\_\_\_\_
13. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare  
 cargos a total loss regardless of actual damage in the event of a loss?  Yes  No  
 If yes, which shippers? \_\_\_\_\_  
 What are commodities for each shipper? \_\_\_\_\_  
 What is maximum load value? \$ \_\_\_\_\_  
 What is percentage of loads for signed contracts limiting salvage? % \_\_\_\_\_
14. Do you operate mobile equipment subject to compulsory or financial responsibility laws or other motor vehicle  
 insurance law in the state where it is licensed or principally garaged?  Yes  No
15. Have you ever had Truck Insurance under another name?  Yes  No If yes, list name and DOT #:  
 Name \_\_\_\_\_ DOT # \_\_\_\_\_
16. Do you carry Workers Compensation? If so, list the Carrier and Policy # \_\_\_\_\_  
 If not, do you provide Occ/Acc Coverage?  Yes  No

#### LIENHOLDER INFORMATION

Attach Lienholder information for all insured units. ( Check if listing attached.)

#### LEASED OR HIRED

1. Do you sub-haul, lease or hire equipment from others?  Yes  No  
 If yes, is it:  Permanently Leased  Trip Leased
- a. If permanently leased, is it scheduled on this application?  Yes  No
- b. If permanently leased, are autos hired with drivers?  Yes  No
- c. If trip leased, provide the annual estimated cost of hire:  
 Current Year: \$ \_\_\_\_\_ Prior Year: \$ \_\_\_\_\_
- d. What is your percentage of sub-hauling? %
- e. Attach a list with name and address of each Lessor. Provide a copy of each contract.

2. Do you lease to others?  Yes  No If yes, who must provide primary insurance?  You  Other  
 If you provide insurance, is coverage desired for:  Named Lessee(s)  All Lessees (Blanket Basis)  
 If Named Lessee(s), attach a list of Name and Addresses for each lessee. ( Check if listing attached.)  
 Provide a copy of each contract.

	With Driver	Without Driver	Average Duration of a Trip Lease	Average # of Trip Leases Per Year	Estimated Trip Lease Payments Per Year	Insurance Provided by		With Hold Harmless Naming other Party As Additional Insured?
						Lessor	Lessee	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. From Others						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. To Others						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Under whose Bill of Lading is shipment moved when leased to others?

From Others? \_\_\_\_\_

4. What % of Deadheading? % \_\_\_\_\_

5. Do you backhaul?  Yes  No If yes, what do you backhaul?

\_\_\_\_\_

**SCHEDULE OF EQUIPMENT OPERATED**

Provide schedule of equipment to include: Make, Model, Year, Type, Complete VIN Number, GVW, Garaging Location, Stated Amount and Radius of Operation.

Type	Owned	Leased w/o Drivers	Owner Operators	Local (0-100)	Inter. (101-300)	Long Haul (Over 301)	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							
Dump Trucks							
Dump Trailers							
Other							

**UNITS REVENUE AND MILEAGE / Actual and Estimated**

	Period	Units	Revenue	Mileage
Projected			\$	#
Current			\$	#
1 <sup>st</sup> Prior			\$	#
2 <sup>nd</sup> Prior			\$	#
3 <sup>rd</sup> Prior			\$	#
4 <sup>th</sup> Prior			\$	#

Attach IFTA's for past 4 years. ( Check if copies attached.)  
 Attach Current FYE Financial Statement including profit & loss statements and balance sheets. ( Check if copy attached.)

**SUMMARY OF EQUIPMENT VALUES / Physical Damage - Unit Count**

Total Fleet Value (Current):	\$ _____	No. of Units (Current):	# _____
Total Fleet Value (1 <sup>st</sup> Prior):	\$ _____	No. of Units (1 <sup>st</sup> Prior):	# _____
Total Fleet Value (2 <sup>nd</sup> Prior):	\$ _____	No. of Units (2 <sup>nd</sup> Prior):	# _____
Total Fleet Value (3 <sup>rd</sup> Prior):	\$ _____	No. of Units (3 <sup>rd</sup> Prior):	# _____
Total Fleet Value (4 <sup>th</sup> Prior):	\$ _____	No. of Units (4 <sup>th</sup> Prior):	# _____
Highest Tractor Value:	\$ _____	Highest Trailer Value:	\$ _____
Lowest Tractor Value:	\$ _____	Lowest Trailer Value:	\$ _____

**INSURANCE HISTORY & LOSS EXPERIENCE**

**HAS ANY INSURANCE COMPANY CANCELED OR NON-RENEWED YOUR POLICY IN THE LAST FOUR YEARS?**

Yes  No If yes, explain: \_\_\_\_\_

**Is your current coverage presently under Cancellation or Non-Renewal?**  Yes  No

If yes, explain: \_\_\_\_\_

Furnish currently valued (value dated within the last 3 months) Insurance Company produced detailed loss / experience for auto liability, physical damage and cargo. Loss runs must be for current year plus 4 (four) prior policy years.

Policy Term		Insurance Company	# of Claims /	Total Incurred
From	To			
				\$
				\$
				\$
				\$
				\$

**Describe any claim with payment or reserves over \$25,000.** (  Separate Sheet Attached - If necessary. )

Date of Loss	Amount of Loss / Reserve	Driver Involved in Loss	Description of Loss
	\$		
	\$		
	\$		
	\$		
	\$		

**DRIVERS**

1. Truck Fleet – No. of Drivers: Regularly Employed \_\_\_\_\_ Part Time \_\_\_\_\_  
 Owner Operators \_\_\_\_\_ Leased \_\_\_\_\_  
 Casual \_\_\_\_\_ **TOTAL** \_\_\_\_\_

2. How are drivers paid?  Hourly  Trip  Mileage Other: \_\_\_\_\_

3. Drivers Hired or Leased Last Year **Company Drivers** **Leased Owners/Operators**  
 Number replaced \_\_\_\_\_  
 Number increased \_\_\_\_\_

4. Age of Drivers: What is the minimum acceptable age of any driver: \_\_\_\_\_

5. Do you employ or hire drivers with less than 2 years commercial driving experience with like kind of equipment?  
 Yes  No If yes, explain.

6. Do you use the driver information available through the Driver Information Resource System (DIRS) in your driver hiring and management practices?  Yes  No

7. Are your driver hiring and qualification standards based on DSMS classifications?  Yes  No  
 Do your driver management practices follow these standards without exception?  Yes  No

8. Do all your drivers speak fluent English?  Yes  No

9. Do presently employ drivers with any of the following? (check all that apply)

- Younger than 23 years old.
- Three (3) moving violations in three (3) years.
- DUI violation.
- Two preventable accidents.
- 49 CFR391.41 medical causes.
- Refusal of drug or alcohol test.
- Positive tested drivers.
- Invalid CDL drivers via suspension or revocation
- Failing or refusing to submit driver logs.

Provide a list of drivers that includes: **Driver's Name, DOB, License Number and State, Unit Normally Driven, Date of Hire and Years of Driving Experience** (  Check if listing attached.)

Provide a copy of hiring criteria (standards) for all new and current drivers. (  Check if copy attached.)

**SAFETY AND MAINTENANCE**

1. Do you have a Formal Safety Program?  Yes  No
2. Name, title, phone number of person responsible for safety (specify other duties):  
\_\_\_\_\_
3. Are you operating your trucks with speed governors?  Yes  No  
If yes, what speed are they set at? \_\_\_\_\_
4. Are electronic log programs used to audit driver log books?  Yes  No
5. Do you utilize any satellite tracking systems?  Yes  No
6. Is there a written cell phone/texting policy in effect?  Yes  No Acknowledged in writing by all drivers?  Yes  No
7. Do you perform annual Appendix G Inspections as required in Part 396 of the FMCSR?  Yes  No
8. Do you perform regular PM Services?  Yes  No How often? \_\_\_\_\_
9. Do you follow up on driver reported maintenance issues?  Yes  No
10. Have driver reported maintenance complaints been addressed in a timely manner?  Yes  No
11. Who performs maintenance on Owner/Operator equipment? \_\_\_\_\_
12. Provide your Carrier Safety Measurement System (CSMS) rating and indicate any changes over the past two (2) years.

**COVERAGES**

**Auto Liability**

- Combined Single Limit (CSL) \$ \_\_\_\_\_ CSL
- Deductible\* \$ \_\_\_\_\_ (\*Loss Fund Agreement Required. Sample available upon request.)
- Non-Ownership Liability # of Employees: \_\_\_\_\_
- Hired Auto Liability Estimated Cost of Hire: \_\_\_\_\_
- Reporting Basis If reporting, indicate basis:  Revenue  Mileage

**Uninsured / Underinsured Motorist and No-Fault**

- Uninsured Motorist\*\* \$ \_\_\_\_\_  Personal Injury Protection \$ \_\_\_\_\_
- Underinsured Motorist\*\* \$ \_\_\_\_\_  Medical Payments \$ \_\_\_\_\_

\*\* Coverage and limit choices in this section are for quoting purposes only.  
A separate Carolina Casualty and/or ISO Uninsured Motorists / Underinsured Motorist selection/rejection form(s) must be completed and signed by the applicant when completing the application.

**Trailer Interchange** (Provide Copy of Agreement)

- Maximum Trailer Value \$ \_\_\_\_\_ # of Trailers: # \_\_\_\_\_
- # of Trailer Days: # \_\_\_\_\_
- Comprehensive OR \$ \_\_\_\_\_
- Specified Perils \$ \_\_\_\_\_
- Collision \$ \_\_\_\_\_

**Physical Damage**

- Comprehensive OR \$ \_\_\_\_\_ Deductible **Total Insured Values: \$ \_\_\_\_\_**
- Specified Perils \$ \_\_\_\_\_ Deductible
- Collision \$ \_\_\_\_\_ Deductible
- Extended Towing Limit \$ \_\_\_\_\_ \$5,000 included – Enter amount if higher limit requested.
- Non-Owned Trailer Limit \$ \_\_\_\_\_

**Cargo**

- Limit \$ \_\_\_\_\_
- Deductible \$ \_\_\_\_\_
- Temperature Control Equipment Breakdown (Note a \$2,500 deductible applies to this option.)

**Optional Cargo Coverages**

- Temperature Control Equipment Breakdown - minimum \$2,500 deductible applies to this option.
- Water Damage / Tarpaulin Endorsement – minimum \$2,500 deductible.
- Poultry Cages (Non-owned) Endorsement  Other \_\_\_\_\_
- Special Limits Endorsement Limit \$ \_\_\_\_\_ Shipper \_\_\_\_\_ Commodity \_\_\_\_\_  
% of Loads @ higher limit \_\_\_\_\_
- Terminal Coverage Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_
- Other \_\_\_\_\_

Physical Address \_\_\_\_\_

Describe Facility \_\_\_\_\_

Describe Security Features \_\_\_\_\_

**Combined Deductible (Physical Damage / Cargo)**

A combined deductible will apply unless declined.

- Combined Deductible applies to Tractor / Trailer only.
- Combined Deductible applies to Tractor / Trailer and Cargo (if written).
- I / We DECLINE the Combined Deductible.

**CAROLINA CASUALTY INSURANCE COMPANY LOSS PREVENTION SERVICES**

- ✓ CCIC's Loss Control staff can tailor loss control **consultative services** to meet your specific needs.
- ✓ Our Loss Control staff is available to our insured's to provide a **D.O.T. audit compliance review** so that insured will be prepared for a D.O.T. compliance audit before it happens.
- ✓ CCIC insureds can take advantage of our **Safe Driver Awards Program**.
- ✓ Our Loss Control staff will help our insureds conduct **effective safety meetings**.
- ✓ Seminars are available to CCIC insureds to help with **continuing education** of your drivers and other staff members.

**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 APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**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 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.

**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 A 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 ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. 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 WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE, OR THE PREMIUM YOU WILL BE CHARGED. 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, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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.

**SIGNATURES**

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute a reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the company as accurate and shall become part of the policy.

I recognize that all or parts of my operations are under the Department of Transportation oversight requiring me to adhere to their rules and regulations, acknowledge that DOT's rules and regulations are understood by me and I will adhere to the rules and regulations including, but not limited to, driver hiring, vehicle inspection and maintenance, and hours of service.

I authorize Carolina Casualty Insurance Co to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

Signature of <b>APPLICANT</b> <div style="text-align: right; margin-right: 50px;">X _____</div>	Signature of <b>AGENT</b> of Applicant <div style="text-align: right; margin-right: 50px;">X _____</div>
Type or print Applicant Name: _____	Agency Name: _____ Address of Agency: _____
Title or relationship to Applicant: _____	Agent License or Registration #: _____ Agent Phone Number: _____
Licensed Agent of the Company: _____	Date Application Completed: _____
Licensed Agent ID#: _____	