



EXCESS COMMERCIAL AUTO APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND THIS APPLICATION, AND APPLICATION/ENDORSEMENT L-292 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 _____	⑦ 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 filed with I.C.C. or any State Regulatory Body? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, describe _____			
㉛ 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 1 (Non-Hazardous) <input type="checkbox"/> Type 2 (Hazardous) <input type="checkbox"/> Type 3 (Hazardous) <input type="checkbox"/> Other. If other describe _____			

MAIL COMPLETED
APPLICATION THROUGH
LOCAL AGENT OR
BROKER TO:

List all losses paid or now reserved in an amount of \$10,000 or more during last five years. If none, so state.

32 Losses Paid or Reserved (Insured or Uninsured)

Amounts Paid or Reserved
BI PD

Year Description of Occurrence

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

30 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.						\$	\$
Total Primary Premium						\$	\$

(use separate sheet for additional units)

*Private passenger, Pickup, Lt. Truck (under 10,000 lbs.), Med. 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.

NEW YORK APPLICANTS NOTE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

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 _____