



Commercial Auto Application
 Submit to: **Great Lakes General Agency, Inc.**
 Fax: 440-461-0569

Policy Period Desired _____ to _____

Section I *** State Supplements are attached if required by governing state. ***

1. Name of Insured _____
2. Address of Insured _____
3. Insured is: Individual Partnership Corporation
4. Describe business / operations _____
5. Years operating this business _____
 Have you ever operated under another name? Yes No
 If Yes, what was the name of that operation? _____
 Do you own or operate any other business now? Yes No
 If Yes, describe _____
 If this is a new venture, where did you get your experience? _____
6. Gross receipts last year _____ Estimate for coming year _____

Section II - Description of Operations

7. A. Vehicles operate as: Private Carrier Common Carrier Contract Hauler
 B. Are vehicles used for: Wholesale or Retail delivery?
 C. For whom do you haul? _____
 D. Do you haul exclusively for one concern? Yes No
 E. Are you leased to another carrier? Yes No
 F. Do you haul your own cargo exclusively? Yes No If No, who owns it? _____
8. List all types of cargo hauled. Also itemize type of cargo per vehicle on vehicle schedule (Section V) _____
9. Do you have authority to transport:
 (a) Oil or hazardous substances? Yes No
 (b) Hazardous materials or wastes? Yes No
10. Do you backhaul? Yes No. If Yes, what is hauled? _____

Section III - Area of Operations

11. Define normal areas of operations _____
12. Do you operate over a regular route? Yes No If Yes, describe _____
13. List all states that vehicles operate in or into _____
14. List largest cities entered in each state _____
15. Radius of operations: 0 - 50 51 - 100 101 - 200 201 - 300
16. Do you ever exceed 300 miles? Yes No. If Yes, explain _____

Section IV - Driver Information

17. Do you carry Workers Compensation? Yes No. If Yes, list company _____
18. Do you order motor vehicle reports on all your drivers within 30 days of employment? Yes No
19. Schedule of Drivers (if any additional drivers, complete form AU 0053):

Driver's Full Name and Address	Date of Birth	Date Employed	Yrs. Experience Comm'l Driving	Drivers Lic. Number
1.				
2.				
3.				
4.				

State in Which Driver's License Obtained	Description of Violations and Accidents (Past 3 Years)
1.	
2.	
3.	
4.	

Section V - Schedule of Units

20. Number of vehicles owned: Pick-Ups_____ Trucks_____ Tractors_____ Semi-Trailers _____ Full Trailers_____

21. Number of vehicles leased: Pick-Ups_____ Trucks_____ Tractors_____ Semi-Trailers _____ Full Trailers_____

22. (a) Do others operate under your authority? Yes No. If Yes, vehicles must be scheduled.
 Number of vehicles involved: Pick-Ups_____ Trucks_____ Tractors_____ Semi-Trailers _____ Full Trailers_____

(b) Do you ever lease your authority to others? Yes No. If yes, please explain. _____

23. Is this insurance to cover all owned, leased and operated vehicles? Yes No. If No, explain. _____

24. Do you hire any equipment? Yes No. If Yes, what is the estimated annual cost of hire? \$ _____
 If Yes, please complete the Hired and Non-owned Supplemental Coverage Application.

25. Do you loan or rent any of your equipment to others? Yes No. If Yes, please explain. _____

26. Do you interchange equipment with other carriers? Yes No. If Yes, give details _____

27. Is any specialized equipment attached to any unit? Yes No. If Yes, describe _____

28. Schedule of Units:

Unit No.	Model Year	Trade Name	Truck, Tractor, Semi-Trailer, Full Trailer	Cargo Hauled	Model Series & Complete VIN Number		Max. Gross Wt. of Vehicle (lbs.)	Max. Load Cap. in lbs., gals., liquids
					Mod#:	VIN#:		
1.					Mod#:			
					VIN#:			
2.					Mod#:			
					VIN#:			
3.					Mod#:			
					VIN#:			
4.					Mod#:			
					VIN#:			
5.					Mod#:			
					VIN#:			
6.					Mod#:			
					VIN#:			
7.					Mod#:			
					VIN#:			
8.					Mod#:			
					VIN#:			
Unit No.	Principal Location of Garaging	Maximum Radius of Operations	Actual Cash Value	Collision Deductible	OTC Deductible	Loss Payee and Full Address		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Section VI - Safety and Maintenance

- 29. Is there a formal safety program in effect? Yes No. If Yes, give details and/or attach copy of your safety program. _____
- 30. Explain your maintenance program. i.e. How often is maintenance done and by whom? _____
- 31. What criteria do you have in place for acceptability of drivers? _____
- 32. Do you have a written accident reporting procedure? Yes No. If yes, describe and attach a copy _____
- 33. Are periodic reviews of all drivers conducted? Yes No. If yes, how often? _____
- 34. Is any action taken against a driver for having a chargeable accident or a poor MVR? Yes No If yes, explain: _____
- 35. Do you have a driver safety incentive program? Yes No. If yes, describe and attach copy of program _____
- 36. If fleet and physical damage coverage is written describe security and protection. i.e. fenced and/or lighted lot, stored in building, security guard, etc. _____

Section VII - Filing Information

For prompt and accurate filing, complete and accurate information must be given including name, address and Docket No. under which authority exists. Use separate sheet if necessary. Failure to do so will result in delays and suspensions.

- 37. Do you hold an I.C.C. permit? Yes No. If Yes, Docket Number _____
Please attach a copy of your completed RS form and permit cards.
- 38. State filings required? Yes No. If Yes, show states and permit number _____
- 39. Do you hold broker authority? Yes No
- 40. Is any special filing required such as oversize, overweight, city or hazardous permit? Yes No. If Yes, give details _____

Section VIII - Previous Insurance and Loss Experience

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY.

FOR FLEETS CONSISTING OF 5 POWER UNITS OR MORE - HARD COPY LOSS RUNS ARE REQUIRED.

Have you ever had insurance for this type of operation cancelled, declined or renewal refused? Yes No

If Yes, explain fully _____

Show Policy Periods for Past Three years	Insurance Carrier	Policy #	Number of Accidents	Total Amount Claims Paid		Total Amount Unsettled Claims (reserves)	
				Bodily Injury	Property Damage	Bodily Injury	Property Damage
From 19 To							
From 19 To							
From 19 To							
				Losses by Fire	Losses by Theft	Losses by Collision	Losses by Wind
From 19 To							
From 19 To							
From 19 To							

Section IX - Coverage and Limits Requested

- 1. Liability Limits
 - A. Combined Single Limit \$ _____
 - B. Split Limits:
 - Bodily Injury: \$ _____ each person
 - \$ _____ each accident
 - Property Damage: \$ _____ each accident
 - C. Liability Deductible: \$ _____
- 2. Do you desire Uninsured Motorists coverage (for requirements, check state statute - may not be optional)? Yes No
If Yes, limit desired \$ _____ If No, please sign UM rejection form if required by state (attached).
- 3. Do you desire Personal Injury Protection coverage (for requirements, check state statute - may not be optional)?
 Yes No

Section X - Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature / Title	Telephone Number	Date
Witness		Date

Agent:

Are you personally familiar with this Applicant's operations? Yes No
 Did your office control this risk in the past year? Yes No

Agents or Broker's Name	Telephone Number	Agent's Signature
Address		Dated

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.