

**COMMERCIAL AUTO FLEET
 INSURANCE APPLICATION**

GENERAL INFORMATION

Date Coverage Desired: From: _____ To: _____
 Name: _____
 Individual Partnership Corporation LLC Other: _____
 Mailing Address: _____
 Phone # (including area code): _____
 Website: _____ E-Mail Address: _____
 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	Percent of Loads	Maximum Value	Commodity	Percent 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 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? % _____
9. 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.)
10. Do you pull doubles? Yes No
11. Do you pull triples? Yes No
12. Do you haul containers or containerized freight? Yes No
13. 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.)
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14. Do you use any team, hot seat, slip seating or relay driver operations? Yes No
15. 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? % _____
16. 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

LIENHOLDER INFORMATION

Attach all Lienholder information for each power unit. (Check if listing attached.)

LEASED OR HIRED

1. Does Applicant/Insured do trip leasing to the extent that is comprises more than 5% of their gross receipts?
 Yes No If yes, explain operation in detail: (Check if explanation attached.)

2. Is equipment leased or hired? Yes No If yes, attach explanation and examples of agreements.
 (Check if explanation attached.)

	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	
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 st Prior			\$	#
2 nd Prior			\$	#
3 rd Prior			\$	#

Attach Pro-rata (Schedule B) Mileage Sheets 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 st Prior):	\$ _____	No. of Units (1 st Prior):	# _____
Total Fleet Value (2 nd Prior):	\$ _____	No. of Units (2 nd Prior):	# _____
Total Fleet Value (3 rd Prior):	\$ _____	No. of Units (3 rd 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? 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. Losses 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
	\$		
	\$		
	\$		
	\$		
	\$		

DRIVER, SAFETY AND MAINTENANCE

- Do you have a Formal Safety Program? Yes No
- Name, title, phone number of person responsible for safety (specify other duties):

- Is this a seasonal operation? Yes No If yes, describe: _____
- Truck Fleet – No. of Drivers:

Regularly Employed	_____	Part Time	_____
Owner Operators	_____	Leased	_____
Casual	_____	TOTAL	_____
- How are drivers paid? Hourly Trip Mileage Other: _____
- Drivers Hired or Leased Last Year

	Company Drivers	Leased Owners/Operators
Number replaced	_____	_____
Number increased	_____	_____
- Age of Drivers: What is the minimum acceptable age of any driver: _____
- Do you employ or hire drivers with less than 2 years commercial driving experience with like kind of equipment?
 Yes No If yes, explain. _____

Provide a list of drivers that includes: Driver's Name, DOB, License Number and State, 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 MEASURES

1. Are you operating your trucks with speed governors? Yes No
If yes, what speed are they set at? _____
2. Are electronic log programs used to audit driver log books? Yes No
3. Do you utilize any satellite tracking systems? Yes No
4. Does your safety program include safe driving incentive awards? Yes No

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 Trailer Days: # _____

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 \$ _____
- Refrigeration Breakdown (Note a \$2,500 deductible applies to this option.)

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 CO 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.

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.

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.

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 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.

I hereby certify that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. Any person who, with the intent to defraud or know that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

Applicant's Signature

Title

Date

Producer's Signature

Agency Name