

**EASTERN ATLANTIC INSURANCE COMPANY
COMMERCIAL AUTOMOBILE APPLICATION ***



Name of Applicant _____

Address _____
(No.) (Street) (City) (State) (County)

Desired Effective Date _____ to _____
(12:01 A.M. Standard Time at address shown above or _____ A.M. / P.M.)

Applicant is: Individual Partnership Corporation Other

Applicant's Business _____ Years Experience in This Business _____

Have you ever operated under a different name? _____ If yes, explain. _____

Location to Be Inspected _____

Inspection Contact Person _____ Phone No. _____ Cellular Phone No. _____

Estimate of Financial Worth \$ _____ Previous Year's Gross Receipts \$ _____

Estimate of Next Year's Receipts \$ _____ Have you filed bankruptcy in the last 10 years? _____
If yes, explain _____

DESCRIPTION AND AREA OF OPERATIONS

Describe your operation including products or items hauled and normal routes _____

Check All Applicable: Transport Hazardous Products Do Repossessions Emergency Use
 Haul oversize/overweight loads (Explain all Checked: _____)

List All States Entered _____

Maximum Radius _____ miles. Largest cities entered or driven through _____

Radius Breakdown: 0-100 miles _____% 101-300 miles _____% 301-600 miles _____% 600+ miles _____%

Do you haul for others? _____ If yes, for whom? _____

Is insurance to apply to all owned and leased vehicles? _____ If not, please explain _____

Number of vehicles owned _____ Do you own or operate vehicles not scheduled? _____

Do you hire equipment? _____ If yes, what is the Estimated Annual Cost of Hire? _____

Do you allow passengers in company vehicles? _____ If yes, explain: _____

FILINGS, CERTIFICATES – ADDITIONAL INSURED

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

Do you have an I.C.C. (FMCSA) permit? _____ If yes, Docket No. _____ D.O.T. No. _____
Form E _____ Form H _____

State Filings required? Indicate states, permit numbers Forms E, H or Base State _____

IF BASE STATE FILING REQUIRED, PLEASE SUBMIT A COPY OF RS-1 AND RS-2.

Are any special filings required; i.e. State Highway Departments, Oversize/Overweight, City Permits?

If yes, please give details: _____

Indicate exact name in which permits are issued: _____

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Are any Additional Insured(s) to be named on the policy? _____ If so, please give the full name and address and their interest in this coverage: _____

Are any certificates of insurance needed? _____ If so, please indicate the name, address and any special instructions: _____

PREVIOUS INSURANCE AND LOSS EXPERIENCE

Has insurance of the type applied for ever been cancelled, declined or renewal refused? _____
If yes, explain fully giving name of insurance companies, dates and reason for cancellation or refusal. Use additional sheet, if necessary. _____

LOSS EXPERIENCE AND EXPOSURE INFORMATION – MUST BE COMPLETED FULLY
(Current and previous two (2) years)

POLICY PERIOD		PRIOR CARRIER INFO.		PREMIUM PAID TO PRIOR CARRIERS			LOSSES PAID & RESERVES SET (INCLUDE L.A.E. & RECOVERIES)				
From	To	Co. Name & Policy No.	No. of Veh.	Deduct. Amount	Liability & Medical	Phy. Dmg.	Total No of Losses	Liability & Medical	No of Losses	Phy. Dmg	No of Losses

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Please explain any losses/accidents listed above and/or any accidents/details not indicated above _____

Do you hire any drivers under 23? _____ Do you hire drivers with less than 2 years experience? _____
 Is equipment owner driven only? _____ Do you hire any physically impaired drivers? _____
 Are motor vehicle records ordered prior to hiring? _____ Are all drivers covered by Worker's Comp.? _____
 Are physical examinations completed per D.O.T. regs.? _____ Are pre-employment background checks made? _____
 Do you conduct pre-employment road tests? _____ Are written tests given? _____
 Are pre-employment drug tests done? _____ Is random drug testing done? _____
 Are drivers paid by the load? _____ Hourly? _____ % of the gross? _____ Per trip?
 Do you have a driver award/penalty or incentive program in place? _____ If yes, **ATTACH COPY.**

LIST ALL DRIVERS BOTH FULL AND PART TIME
(Attach schedule if more space is needed.)

(PLEASE SEE PAGE 5 OF 5 FOR IMPORTANT NOTICE REGARDING NEW DRIVERS)

Driver's Name	Date Employed	D.O.B.	Operator No.	State	No. Years Commercial Experience	List Accidents/Violations (3 Yrs)
			OP#			
			OP#			
			OP#			
			OP#			

COVERAGES	LIMITS OF LIABILITY	PREMIUM
Liability		\$
Bodily Injury/Property Damages (CSL) OR	\$ each accident	
Bodily Injury	\$ each person \$ each accident	
Property Damage	\$ each accident	
Uninsured/Underinsured Motorists Coverage (UM)	\$ \$	
Basic First Party Benefits ** (See page 5 of 5)	\$ each person	
TOTAL:		\$

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PHYSICAL DAMAGE	LIMITS AND DEDUCTIBLES	PREMIUM
Comprehensive	State Amount Less \$ _____ Deductible	\$
Specified Perils of Loss	State Amount Less \$ _____ Deductible	
Collision	State Amount Less \$ _____ Deductible	
Trailer Interchange (<u>Provide Copies of ALL Agreements</u>)	Maximum Value of (1) Trlr. \$ _____ No. of Trlrs. in Possession: _____ No. of Days in Possession: _____	
TOTAL:		\$

SCHEDULE OF AUTOMOBILES

Unit No.	Model Yr.	Trade Name	Serial No. Full No. required)	Body Type	Principal Garage Location	Radius of Use	Rate Terr.	GVW or Seating Capacity
1.								
2.								
3.								
4.								
5.								
6.								

PHYSICAL DAMAGE COVERAGE IF DESIRED

Unit No.	Original Cost	Date of Purchase	Stated Amount (Current Value)	Comp Ded.	Specified Perils Ded.	Collision Ded.	Loss Payees (Name & Address) (Indicate applicable Unit)
1.							
2.							
3.							
4.							
5.							
6.							

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** ATTACH SEPARATE SHEET(S) FOR DETAILED EXPLANATION(S)*

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGES AND NO COVERAGE COMMENCES. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The Applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy if Insurance is issued.

**** NOTICE REGARDING BFBP AND UM COVERAGES** if required by law in your state, you must complete an additional form(s) rejecting coverage or selecting limits of liability desired for Uninsured/Underinsured Motorists and Basic First Party Benefit (BFPB) Coverages. Selected coverage will affect your premium. Be sure your agent provides you with the necessary form(s) and explains your options and advises you of the cost of your selections.

IMPORTANT NOTICE: ALL NEW DRIVERS HIRED DURING THE POLICY TERM MUST BE IMMEDIATELY REPORTED TO THE COMPANY. FAILURE TO REPORT MAY RESULT IN TERMINATION OF THIS POLICY. REPORT NEW DRIVERS TO YOUR AGENT OR COMPANY.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 such person to criminal and civil penalties.

Signature of Applicant

Signature of Agent

Print or Type Applicant's Name & Title

Print or Type Agent's Name & Title

Date Signed (month/day/year)