

# Drive-Away Application

COLUMBIA INSURANCE COMPANY  
 NATIONAL FIRE & MARINE INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY  
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA  
 NATIONAL INDEMNITY COMPANY OF THE SOUTH  
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

- Name (and "dba") \_\_\_\_\_  
 Individual/Proprietorship  Partnership  Corporation  Other Business Phone Number \_\_\_\_\_
- Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Premises Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Person to contact for inspection (name and phone number) \_\_\_\_\_
- Have you ever had insurance with one of the companies listed at the top of this page?  Yes  No  
 If yes, Policy Number(s) \_\_\_\_\_ Effective Date(s) \_\_\_\_\_

## DESCRIPTION OF OPERATIONS

- Describe business \_\_\_\_\_  
 Years experience \_\_\_\_\_ New Venture?  Yes  No
- Is this your primary business?  Yes  No If no, explain \_\_\_\_\_
- Have you ever filed for Bankruptcy?  Yes  No If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
- Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_ Business for sale?  Yes  No
- Do you operate in more than one state?  Yes  No If yes, list states \_\_\_\_\_
- Do you operate over a regular route?  Yes  No If yes, show towns operated between: \_\_\_\_\_

## LIABILITY COVERAGE — Complete for desired coverages by indicating limits of insurance.

| LIABILITY                     |               |               |                 | Medical Payments | Personal Injury Protection (where applicable) | PHYSICAL DAMAGE  |           |                       |
|-------------------------------|---------------|---------------|-----------------|------------------|---|--|-----------|-----------------------|
| Combined Single Limit BI & PD | Split Limits  |               |                 |                  |   | Deductibles  |           | Maximum Vehicle Value |
|                               | Bodily Injury |               | Property Damage |                  |   | <input type="checkbox"/> Comprehensive<br><input type="checkbox"/> Spec. C of Loss | Collision |                       |
|                               | Each Person   | Each Accident | Each Accident   |                  |   |  |           |                       |

**APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

## DRIVER INFORMATION — If additional space is needed, attach separate listing.

| Driver's Name | Date of Birth | Driver's Licenses |        |                       |                                | Experience                                    |              |
|---------------|---------------|-------------------|--------|-----------------------|--------------------------------|---|--------------|
|               |               | State             | Number | Class/Type (i.e. CDL) | Years Licensed (in Class/Type) | Type of Unit (Bus, Van, Truck, Tractor, etc.) | No. of Years |
| 1.            |               |                   |        |                       |                                |   |              |
| 2.            |               |                   |        |                       |                                |   |              |
| 3.            |               |                   |        |                       |                                |   |              |
| 4.            |               |                   |        |                       |                                |   |              |
| 5.            |               |                   |        |                       |                                |   |              |

## DRIVER INFORMATION (Continued) — If additional space is needed, attach separate listing.

| No. Years Previous Commercial Driving Experience | Date of Hire | Accidents and Minor Moving Traffic Violations in Past 5 Years |         |                   |         | Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony) |         | Employee (E)<br>Ind. Cont. (IC)<br>Owner/Op. (O/O)<br>Franchisee (F) |
|--|--------------|---|---------|-------------------|---------|---|---------|--|
|  |              | No. of Accidents  | Date(s) | No. of Violations | Date(s) | Describe Conviction   | Date(s) |  |
| 1.   |              |   |         |                   |         |   |         |  |
| 2.   |              |   |         |                   |         |   |         |  |
| 3.   |              |   |         |                   |         |   |         |  |
| 4.   |              |   |         |                   |         |   |         |  |
| 5.   |              |   |         |                   |         |   |         |  |

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

12. Are drivers covered by Workers Compensation?  Yes  No If yes, name of carrier \_\_\_\_\_
13. Minimum years driving experience required \_\_\_\_\_
14. Are drivers ever allowed to take vehicles home at night?  Yes  No If yes, will family members drive?  Yes  No
15. Do you order MVR's on all drivers prior to hiring?  Yes  No Driver's maximum driving hours \_\_\_ daily, \_\_\_ weekly
16. Do you agree to report all newly hired operators?  Yes  No
17. What is the basis for driver(s) pay?  Hourly  Trip  Mileage  Other, Explain \_\_\_\_\_

**LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.**

| Policy Term |     | Insurance Company Name | No. of Motor Powered Vehicles | No. of Accidents | Premium |          | Total Amount Claims Paid & Reserves |    |           |       |
|-------------|-----|------------------------|-------------------------------|------------------|---------|----------|-------------------------------------|----|-----------|-------|
| From        | To  |                        |                               |                  | Liab    | Phys Dam | BI                                  | PD | Comp/Coll | Other |
| / /         | / / |                        |                               |                  |         |          |                                     |    |           |       |
| / /         | / / |                        |                               |                  |         |          |                                     |    |           |       |
| / /         | / / |                        |                               |                  |         |          |                                     |    |           |       |

18. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_
19. Have you ever been declined, cancelled or nonrenewed for this kind of insurance?  Yes  No If yes, date and why \_\_\_\_\_

**DRIVE-AWAY INFORMATION**

20. Types of units driven away and percentages of each \_\_\_\_\_
21. Percentage of the time you drive away new units: \_\_\_\_\_ % used units: \_\_\_\_\_ %
22. If physical damage coverage is desired, what is the average value per unit? \_\_\_\_\_ What is the maximum value per unit? \_\_\_\_\_
23. How are you paid:  By Miles  By Trip
24. Average rate you are paid per mile \_\_\_\_\_ per trip \_\_\_\_\_
25. Total number of full-time drivers \_\_\_\_\_ Total number of part-time drivers \_\_\_\_\_
26. Do you require insurance filings?  State  FHWA If FHWA filing, please provide MC number \_\_\_\_\_
27. How is return trip handled? \_\_\_\_\_
28. Is delivery made with one unit towing another unit?  Yes  No Do you permit drivers to tow their own vehicles?  Yes  No  
Do you haul away vehicles?  Yes  No Do you use any of the following:  Fifth wheel  Tow bars  Reese hitches  Ball hitches
29. If towing a vehicle for return transportation, how often is this done? \_\_\_\_\_
30. Maximum radius one-way \_\_\_\_\_ Average radius one-way \_\_\_\_\_ Estimated total annual mileage \_\_\_\_\_
31. Average total number of trips per week \_\_\_\_\_ Do you deliver vehicles both ways?  Yes  No
32. Cities and states where units are picked up \_\_\_\_\_
33. List city and state destinations \_\_\_\_\_
34. List clients \_\_\_\_\_
35. Any operations other than drive-away service?  Yes  No If yes, explain \_\_\_\_\_

Plate Information

36. Are you required to use plates?  Yes  No Do you use your own plates exclusively?  Yes  No Total number of plates \_\_\_\_\_  
What type of plates do you use?  Transporter  IRP  Other \_\_\_\_\_
37. How many plates are required to be attached to each unit drive away? \_\_\_\_\_  
On average, how many of your plates are attached to drive-away vehicles at any given point? \_\_\_\_\_
38. How are plates returned to you? \_\_\_\_\_ Average number of days before plates are returned? \_\_\_\_\_
39. List identification number for each plate \_\_\_\_\_
40. Are all plates owned to be insured this policy?  Yes  No If no, explain \_\_\_\_\_  
Also, if no, number of operators used? \_\_\_\_\_ Do operators have written contracts with you?  Yes  No **ATTACHED COPY OF CONTRACT.**

Private Passenger Drive-Away

41. Do you drive away sports cars or luxury type units?  Yes  No  
If yes, list unit model(s) \_\_\_\_\_

42. Do you tow a second client-owned vehicle?  Yes  No

Bus Drive-Away

43. Percentage of time units with the following seating capacities are driven away: under 20 \_\_\_\_\_ % 21 and over \_\_\_\_\_ %

Truck/Tractor Drive-Away

44. Percentage of time each unit type is driven away: trucks \_\_\_\_\_ % tractors \_\_\_\_\_ % tractors and trailers \_\_\_\_\_ %
45. If trucks, percentage of each GVW driven away: 0-20,000 lbs \_\_\_\_\_ % 20,001-45,000 lbs \_\_\_\_\_ % 45,001+ lbs \_\_\_\_\_ %
46. Do you piggyback?  Yes  No What percentage of time do you piggyback? \_\_\_\_\_ %
47. What percentage of your piggyback operation is 1 up? \_\_\_\_\_ % 2 up? \_\_\_\_\_ % 3 up? \_\_\_\_\_ %

# INDIANA NOTICE: UNINSURED & UNDERINSURED MOTORIST COVERAGE

## UNINSURED MOTORIST COVERAGE OPTIONS

Uninsured Motorist Insurance provides you with protection in the event you are in an accident, through no fault of your own, with another vehicle which was not insured at the time of the accident. Section 27-7-5-1.5 of the Indiana Code does not require an insurer to offer Uninsured Motorist Coverage in connection with the issuance of a commercial liability policy. However, we are willing to make available Uninsured Motorist Coverage at limits equal to your policy Bodily Injury Liability Coverage limits or one million dollars (\$1,000,000), whichever is less, but not less than the Indiana Financial Responsibility limits. You may purchase Property Damage Uninsured Motorist Coverage only if you have purchased Bodily Injury Uninsured Motorist Coverage. This Coverage is subject to either a \$300 per occurrence deductible or no deductible and may be purchased at any limits up to your policy Property Damage Liability Coverage limits.

Please indicate your choice ("X" indicates your choice) of the options available. Then sign and date this form as acknowledgement of your selections.

- 1. I do not want Uninsured Motorist Coverage.
- 2. I want Bodily Injury Uninsured Motorist Coverage equal to my policy Bodily Injury Liability Coverage limits. Note that Uninsured Motorist Coverage limits will not be more than \$1,000,000.
- 3. I want Bodily Injury Uninsured Motorists Coverage at split limits of \$\_\_\_\_\_ per person, \$\_\_\_\_\_ per accident or a single limit of \$\_\_\_\_\_ per accident. Note that Uninsured Motorist Coverage limits will not be more than \$1,000,000.
- 4. I want Bodily Injury and Property Damage Uninsured Motorist Coverage equal to my policy Bodily Injury Liability Coverage and Property Damage Coverage limits. Note that Uninsured Motorist Coverage limits will not be more than \$1,000,000. Property Damage Uninsured Motorist Coverage Deductible:  \$300 Deductible  No Deductible
- 5. I want Bodily Injury and Property Damage Uninsured Motorists Coverage at split limits of \$\_\_\_\_\_ per person, \$\_\_\_\_\_ per accident, and \$\_\_\_\_\_ property damage, or a single limit of \$\_\_\_\_\_ per accident. Note that Uninsured Motorist Coverage limits will not be more than \$1,000,000. Property Damage Uninsured Motorist Coverage Deductible:  \$300 Deductible  No Deductible

## UNDERINSURED MOTORIST COVERAGE OPTIONS

Underinsured Motorist Insurance provides you with protection in the event you are in an accident, through no fault of your own, with another vehicle which was insured at the time of the accident but afforded limits of liability lower than the limits afforded by your Underinsured Motorist Coverage limits. Section 27-7-5-1.5 of the Indiana Code does not require an insurer to offer Underinsured Motorist Coverage in connection with the issuance of a commercial liability policy. However, we are willing to make available Underinsured Motorist Coverage at limits equal to your policy Bodily Injury Liability Coverage limits or one million dollars (\$1,000,000), whichever is less, but not less than \$50,000.

- 1. I do not want Bodily Injury Underinsured Motorist Coverage.
- 2. I want Bodily Injury Underinsured Motorist Coverage equal to my policy Bodily Injury Liability Coverage limits. Note that Underinsured Motorist Coverage limits, if selected, will not be more than \$1,000,000 and may not be less than \$50,000.
- 3. I want Bodily Injury Underinsured Motorist Coverage at split limits of \$\_\_\_\_\_ per person, \$\_\_\_\_\_ per accident or a single limit of \$\_\_\_\_\_ per accident. Note that Underinsured Motorist Coverage limits, if selected, will not be more than \$1,000,000 and may not be less than \$50,000.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Named Insured (Representing all Insureds)

Until you advise us otherwise in writing, your choice, as indicated above, will continue regardless of any addition or change in auto coverage on your current policy or addition of any scheduled autos and will be carried forward on all future renewal policies without additional notice.

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the FHWA requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed?  Yes  No If yes, with whom? \_\_\_\_\_

\_\_\_\_\_  
Witness Applicant's Signature Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Is this direct business to your office? \_\_\_\_\_ If not, explain: \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote  Please bind at earliest possible date and issue policy

Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address Phone No.