

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 <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) Ind. Cont. (IC) Owner/Op. (O/O) 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? _____ %

MICHIGAN NO-FAULT and COLLISION COVERAGE SELECTION FORM

MICHIGAN PERSONAL INJURY PROTECTION

Public Act No. 72 of 1974 provides that a reduction in Michigan Personal Injury Protection premiums may be afforded with respect to vehicles owned by an individual if there exists other insurance, such as group medical, individual medical, Medicare, which provides hospital, surgical, medical and/or loss of time benefits and the insured elects to make these benefits primary as respects himself, his spouse and other relatives residing with him.

Such an election would make the automobile policy secondary, and your automobile policy would be responsible only for those personal protection benefits not covered by your health insurer, thereby eliminating any duplication of benefits.

So that your policy may be properly rated, would you kindly "X" the appropriate statement(s) below:

- I have other insurance to cover allowable medical expenses and wish this automobile policy to become secondary to such insurance;
- I have other insurance to cover work loss and wish this automobile policy to become secondary to such insurance;
- I have no other insurance to cover either allowable medical expense or work loss and/or wish this automobile policy to be primary insurance.

_____ Date

Signature of Named Insureds

NOTICE
LIMITED ACCIDENT DAMAGE RECOVERY INSURANCE

THIS "NOTICE" IS TO ADVISE YOU OF CHANGES IN THE AUTO COVERAGES AVAILABLE TO YOU. PLEASE READ IT CAREFULLY.

Changes in the Insurance Laws may make **you** pay for damages, of up to \$500, which are caused as a result of an automobile accident in Michigan.

If **you** caused the accident which damaged another auto, and the owner cannot make a full recovery from an insurance policy, he can sue **you** in the Michigan Small Claims Court. If he wins, **you** will have to pay for those unrecovered damages, up to \$500.

We will provide you with the insurance to pay the amount awarded, at an additional premium. To make certain that **your** new policy is issued correctly, please **indicate your choice** (by marking "x") where shown and sign this statement as acknowledgement of **your** choice and understanding of this election.

("X" indicates choice)

- COVERAGE REJECTION** – The undersigned has had this explained and does not want to purchase this Limited Accident Recovery Insurance. The undersigned understands that if rejected, no coverage will be afforded for any amount awarded by the Michigan Small Claims Court, as judgement for unrecovered damages from an automobile accident occurring in Michigan.
- LIMITED ACCIDENT RECOVERY INSURANCE** – The undersigned has had this coverage explained and will pay the additional premium to purchase this additional coverage. The undersigned understands that the Company's maximum limit of liability for this coverage shall be \$500.

I understand that this coverage is optional and have indicated my choice above.

_____ Date

X _____

Signature of Named Insureds

COLLISION COVERAGE OPTIONS

You have an option to purchase collision coverage on a Limited, Regular or Broad Form basis.

When collision coverage is to be provided, designate your option by marking ("x") the appropriate box.

- Limited Collision
- Regular Collision
- Broad Form Collision

MICHIGAN UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION FORM

This coverage provides protection for persons who are entitled to recover damages because of bodily injury (including resulting death) from an owner or operator of an uninsured motor vehicle, or an insured motor vehicle, whose Liability Coverage limits are less than the insured person's Uninsured Motorists Coverage limits.

- Basic Limits Accepted as follows: _____ → Single Limit
 Policy Limits Accepted Split Limits
 Other Limits Accepted as follows: _____ →
 Entire Rejection

Single Limit	Split Limits	
	Bodily Injury	
	Each Person	Each Accident

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.

Applicant's Signature _____ Date _____

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.