

## Contingent Liability Application (Bobtail & Deadhead)

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

Horner Insurance Services, Inc.  
 5101 Wheelis Drive  
 Suite 214  
 Memphis, TN 38117  
 (901)684-4570 FAX: (901)684-4565

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 Seasonal?  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 \_\_\_\_\_
- Show largest cities entered \_\_\_\_\_ Do you pull double trailers?  Yes  No Triple trailers?  Yes  No
- Do you operate over a regular route?  Yes  No If yes, show towns operated between \_\_\_\_\_
- List all types of cargo hauled \_\_\_\_\_  
 Principal Commodities Outbound \_\_\_\_\_ Backhaul Commodities \_\_\_\_\_
- Do you haul any hazardous or extra hazardous substances or materials as defined by EPA?  Yes  No  
 If yes, provide complete listing identifying all material(s) and/or chemical content \_\_\_\_\_
- What percent of time are your vehicles operating under lease or dispatch? \_\_\_\_\_
- Equipment is under permanent/long term lease to \_\_\_\_\_
- How many companies have you been leased to in the last three years? \_\_\_\_\_
- Do you lease to anyone else?  Yes  No If yes, percent of time \_\_\_\_\_ %, for whom and explanation \_\_\_\_\_
- Do you trip lease on back hauls to others?  Yes  No If yes, percent of time \_\_\_\_\_ %, for whom and explanation \_\_\_\_\_

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

LIABILITY				Medical Payments	Personal Injury Protection (where applicable)	IF PHYSICAL DAMAGE COVERAGE DESIRED, REFER TO FOLLOWING PAGE.  IF IN-TOW COVERAGE DESIRED, COMPLETE TOW TRUCK SUPPLEMENT.
Combined Single Limit BI & PD	Split Limits					
	Bodily Injury		Property Damage			
	Per Person	Per Accident	Per Accident			

### UNINSURED MOTORIST COVERAGE

Single Limit	Split Limits		Uninsured Motorist Property Damage	Uninsured Motorist Stacking (10+ units only)
	Bodily Injury			
	Per Person	Per Accident		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 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.**

20. Are drivers covered by workers compensation?  Yes  No If yes, name of carrier \_\_\_\_\_
21. Minimum years driving experience required \_\_\_\_\_ Are vehicles owner-driven only?  Yes  No
22. Are drivers ever allowed to take vehicles home at night?  Yes  No If yes, will family members drive?  Yes  No
23. Do you order MVRs on all drivers prior to hiring?  Yes  No Driver's maximum driving hours \_\_\_\_ daily \_\_\_\_ weekly
24. Do you agree to report all newly hired operators?  Yes  No
25. What is the basis for driver(s) pay?  Hourly  Trip  Mileage  Other, explain \_\_\_\_\_

**SCHEDULE OF AUTOS/VEHICLES – Describe all vehicles for which application is made for insurance.**

Veh. No.	Model Year	Vehicle Make & Model	Body Type (i.e. truck, tractor, trailer, etc.)	Full Vehicle Identification Number	Gross Vehicle Weight (GVW)	Total # of Rear Axles	Principal Garaging Location (city & state)	Radius of Operation	Annual Mileage Per Vehicle	(A) Anti-Lock Brakes, (B) Air Bags
1										
2										
3										
4										
5										

26. Will lessor be added as additional insured?  Yes  No If yes, give name and address of lessor for each vehicle \_\_\_\_\_
27. Number of Vehicles Owned: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_
28. Number of Vehicles Leased: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_

**PHYSICAL DAMAGE COVERAGE – Complete spaces below in detail for each respective auto/vehicle described above.**

Veh. No.	Date Purchased	Cost When Purchased	Current Stated Value (excluding permanently attached equipment)	Value of Permanently Attached Special Equipment	Total Stated Amount to be Insured	Physical Damage Deductible		Cargo Limit of Insurance
						<input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss	Collision	
1								
2								
3								
4								
5								

29. Any loss payees?  Yes  No If yes, give name and address of mortgagee/loss payee for each vehicle \_\_\_\_\_

**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
/ /	/ /									
/ /	/ /									
/ /	/ /									

30. 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 \_\_\_\_\_
31. Have you ever been declined, cancelled or non-renewed for this kind of insurance?  Yes  No If yes, date and why \_\_\_\_\_

**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 Federal Highway Administration requires a special endorsement to be attached to the policy which increases the 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.

### MISSISSIPPI NOTICE REGARDING UNINSURED MOTORIST COVERAGE

Mississippi Code Annotated § 83-11-101 permits any insured named in the policy to reject Uninsured Motorist Coverage in its entirety, to reject only the property damage portion of Uninsured Motorist Coverage, or to select a limit lower than the limit for Liability Coverage in the policy but not less than minimum financial responsibility limits. Uninsured Motorist Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages for bodily injury or death or property damage from the owners or operators of uninsured motor vehicles.

To be certain that your policy is issued correctly, please indicate your choice of the options available by an "X," then sign, date, and return this form as acknowledgement of your choice. The options that you requested for Uninsured Motorist Coverage are reproduced below. These options determined your policy premium, but you may change them. Changing these options may result in changes to your premium.

The undersigned insured chooses the following:

- I reject Uninsured Motorist Coverage in its entirety.
- I reject Uninsured Motorist Property Damage Coverage only and choose the following Uninsured Motorist Bodily Injury limits which do not exceed my Liability coverage limits\*:

Bodily Injury per person: \_\_\_\_\_

Bodily Injury per accident: \_\_\_\_\_; or

Bodily Injury Combined Single Limit: \_\_\_\_\_

- I elect to purchase Uninsured Motorist Coverage including Property Damage at the following limits which do not exceed my Liability coverage limits\*:

Bodily Injury per person: \_\_\_\_\_

Bodily Injury per accident: \_\_\_\_\_

Property Damage per accident\*\* : \_\_\_\_\_; or

Combined Single Limit: \_\_\_\_\_

\* Uninsured Motorist Coverage limits may exceed your Liability coverage limits to the extent you are required by Mississippi law to maintain higher limits due to your rejection of stacking Uninsured Motorist Coverage.

\*\* Property Damage Uninsured Motorist Coverage is subject to a \$200 deductible.



\_\_\_\_\_  
Signature of Named Insured or Legal Representative



\_\_\_\_\_  
Date

**UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICE INDICATED ABOVE WILL CONTINUE REGARDLESS OF ANY CHANGE TO YOUR AUTO COVERAGE—INCLUDING THE ADDITION OF COVERED AUTOS OR AN INCREASE IN LIABILITY LIMITS—AND WILL BE CARRIED FORWARD TO ANY CONTINUATION, RENEWAL, REINSTATEMENT OR REPLACEMENT POLICY.**

## MISSISSIPPI NON-STACKING UNINSURED MOTORIST INSURANCE

Mississippi Code 83-11-102 provides for an **optional** non-stacking uninsured motorist coverage available to an insured under an auto liability policy that covers **ten (10) or more** vehicles. The non-stacking uninsured motorist limits selected shall cover all vehicles listed in the policy and does not apply per vehicle. The selection of this non-stacking coverage imposes a limitation on adding together or stacking of coverages. **If the insured selects the non-stacking uninsured motorist policy, in the event of an accident, the total limit of uninsured motorist coverage available from the policy will be only the one limit previously selected by the insured. It is an alternative to stackable uninsured motorist coverage where the coverage limits for each vehicle may be added together or stacked to determine the total coverage available. While only one limit of uninsured motorist coverage is available from a non-stacking uninsured motorist policy, other limits of uninsured motorist coverage from other policies might be available to add to the single coverage available from the non-stacking uninsured motorist policy depending upon the specific circumstances.**

The minimum limits required under Mississippi law for non-stacking uninsured motorist coverage are ten (10) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Currently, this law requires \$25,000 per person, \$50,000 per accident, and \$25,000 for property damage. Therefore, non-stacking uninsured motorist coverage currently requires a minimum limit of \$250,000 per person, \$500,000 per accident, and \$250,000 for property damage. An increase to the statutory limits under this Law shall increase the minimum limits for non-stacking uninsured motorist coverage accordingly.

I understand the limitations imposed by the non-stacking uninsured motorist policy and that such coverage is an alternative to coverage without such limitation. I further agree that acceptance of this limitation shall apply to any policy from the same insurer, including sister insurers in the same holding company, which renews the coverage, extends the coverage, or changes covered vehicles unless and until I make a written request for a change to stackable uninsured motorist coverage.

Selection of non-stacking uninsured motorist coverage is affirmed by my signature below. I select the following coverages at the limits shown below:

- Non-stackable UM Bodily Injury and UM Property Damage at limits of per person / per accident / property damage.
- Non-stackable UM Bodily Injury coverage (no property coverage) at limits of per person / per accident.
- Non-stackable combined single limit UM coverage (includes Bodily Injury and Property Damage coverage together) at the limit of per accident.

 Date: \_\_\_\_\_ Policy Number (if available): \_\_\_\_\_

Applicant Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

 Signature of Applicant: \_\_\_\_\_

Proposed Effective Date of Coverage: \_\_\_\_\_