

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

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		Property Damage			
	Bodily Injury	Each Accident				
	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.

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 MVR's 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 _____

MISSISSIPPI NOTICE REGARDING UNINSURED MOTORISTS COVERAGE
Bodily Injury and Property Damage

UNINSURED MOTORISTS COVERAGE is available to provide protection for persons who are legally entitled to recover damages because of bodily injury (including resulting death) or damage to property (property damage) from an owner or operator of an uninsured motor vehicle. You may purchase Bodily Injury Uninsured Motorists Coverage at any limits up to your policy Bodily Injury Liability Coverage limits. If you choose not to purchase Bodily Injury Uninsured Motorists Coverage, you must so indicate below. If you choose to reject Bodily Injury Uninsured Motorists Coverage you must also reject Property Damage Uninsured Motorists Coverage. If you have purchased Bodily Injury Uninsured Motorists Coverage, then you may purchase Property Damage Uninsured Motorists Coverage, in excess of \$200 deductible, at any limits up to your policy Property Damage Liability Coverage limits. If you choose not to purchase Property Damage Uninsured Motorists Coverage, you must indicate below.

To be certain that your policy is issued correctly, please indicate your choice ("X" indicates your choice) of the options available, then sign and date this form as acknowledgment of your choice.

COVERAGE PURCHASE OPTIONS

- I have had this coverage fully explained to me and I wish to purchase Uninsured Motorists Coverage at the following limits, which do not exceed the Liability Coverage limits of my policy:

SPLIT LIMIT POLICY - Uninsured Motorists Coverage:

\$ _____ per person, \$ _____ per accident Bodily Injury and

\$ _____ per accident Property Damage (subject to a \$200 Deductible) Uninsured Motorists Coverage;

OR

SINGLE LIMIT POLICY - Uninsured Motorists Coverage (BODILY INJURY ONLY):

\$ _____ per accident combined single limit Bodily Injury,

OR

SINGLE LIMIT POLICY - Uninsured Motorists Coverage (BODILY INJURY AND PROPERTY DAMAGE):

\$ _____ per accident combined single limit Bodily Injury and Property Damage (subject to a \$200 Deductible).

COVERAGE REJECTION OPTIONS

I have had this coverage fully explained to me and I do not wish to purchase either Bodily Injury and/or Property Damage Uninsured Motorists Coverage, as indicated below. I understand that by selecting this option I waive any and all protection afforded by the State Statutes in this regard.

- Bodily Injury Uninsured Motorists Coverage Rejection. If this Coverage is rejected, Property Damage Uninsured Motorists Coverage must also be rejected.
- Property Damage Uninsured Motorists Coverage Rejection.

MISSISSIPPI NON-STACKING UNINSURED MOTORIST SELECTION

Mississippi code § 83-11-102 provides for an optional non-stacking Uninsured Motorist Coverage available for an automobile liability policy that covers ten (10) or more vehicles. If non-stacking Uninsured Motorist Coverage is selected then the limit shall cover all vehicles on the policy, not on a per vehicle basis. The selection of this type of coverage prevents the Uninsured Motorist limits for each vehicle from being added together, or stacked. If the insured selects the non-stacking option, in the event of an accident the total limit of Uninsured Motorist Coverage available from the policy will be the limit selected. 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 this policy.

- Stacking: I wish to retain stacking of Uninsured Motorist Coverage (or have less than 10 vehicles on this policy).
- Non-Stacking: I elect to accept non-stacking Uninsured Motorist Coverage. By signing this waiver, I am rejecting stacked limits of Uninsured Motorist Coverage under the policy under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily elect the non-stacked limits of coverage.

I have indicated my choices for the above sections ("X" indicates my choice):

Date Signed

Signature of Named Insured (Representing all Insureds)

(These elections will be continued in effect on all renewal policies, until you give us written notice otherwise.)

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 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.