

STRATFORD INSURANCE COMPANY

WESTERN WORLD INSURANCE COMPANY

TRUCK INSURANCE APPLICATION - TENNESSEE

A. GENERAL

Applicant's Name: _____

Contact Person: _____ Phone #: _____

Address: _____

Garaging Location(s) if different: _____

Applicant: Individual Partnership Corporation Other _____

Proposed Effective Date: _____

Expiration Date: _____

Nature Of Business: _____ Years In Business: _____

Years Operating in Your Current Business Name: _____ Web Site: _____

Have you owned a similar business or had any change in ownership, management or name of your current business during the past 5 years? Yes No

If yes, please explain: _____

Is your business a subsidiary of another entity or does your business have any subsidiaries? Yes No

If yes, provide details: _____

B. COVERAGES REQUESTED (Provide limits where applicable.)

Liability _____ Uninsured/Underinsured Physical Damage – See Section G.

Scheduled Autos Motorists – See Section I.

Hired Autos In-Tow (tow trucks) Specified Causes/Collision, or

Non-Owned Autos Limit _____ Comprehensive/Collision

Medical Payments _____ Deductible _____ Non-Trucking - See Section H.

Other _____

C. OPERATIONS

1. List commodities hauled: _____

2. Do you haul any hazardous, flammable, explosive, corrosive or chemical materials? Yes No
If yes, please explain: _____

3. Are any vehicles equipped with permanently attached equipment such as drills, booms, cranes or other mechanical devices? Yes No If yes, please explain: _____

4. Maximum radius of operation: _____ miles

5. Territory (Largest Cities/Towns into, near, or through which vehicles are operated.)
a. _____ b. _____ c. _____ d. _____

6. Do you travel to Michigan? Yes No If yes, how many days per month? _____

7. Do you travel to Ontario, Canada? Yes No

8.

Operations History	Dates	# Power Units	Mileage	Gross Receipts (For-Hire Only)
Projected for this Year				
Most Recent Year				
Prior Year				

9. Do you haul goods for others? Yes No If yes, for whom? _____

E. PRIOR INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)

Policy Dates	Insurance Carrier	Policy #	Premium	Average No. of Power Units	*Total Liability Claims		*Total Physical Damage Claims		Cancelled or Non-Renewed? (Reason)
					#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	

*This section should be completed unless you have attached loss runs for all years. Please describe any loss over \$25,000:

Any drivers involved in more than one claim? Yes No Who? _____
 If yes, is that driver currently employed? Yes No

F. VEHICLE INFORMATION (Add additional sheet, if necessary) G. PHYSICAL DAMAGE

	Model Year/Make	Body type (tractor, truck, type of trailer)	Vehicle ID no.	GVW	Month/Year of Purchase	Cost at Purchase	Amount of Insurance (Must equal present value)	Deductible	*Loss Payee (Y/N)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									

*Please list name and address of loss payees by vehicle: _____

Do you have a regular vehicle inspection and preventive maintenance program? Yes No

If yes, please describe: _____

Do you own any vehicles which will not be covered under this policy? Yes No

If yes, please list all vehicles not covered and the insurance carrier covering those vehicles: _____

H. NON-TRUCKING INSURANCE – COMPLETE AND SIGN THIS SECTION ONLY IF NON-TRUCKING COVERAGE IS REQUESTED.

1. Are you under permanent lease to an authorized carrier? Yes No
2. Carrier to whom equipment is leased: _____
3. How long have you been leased to this carrier? _____
4. Carrier's Motor Carrier Docket #: MC _____
5. Do you ever trip lease? Yes No
6. Do you ever haul goods other than under permanent lease? Yes No
- If yes, please explain: _____

I understand that the Automobile Liability, Uninsured Motorists, and PIP coverages I am applying for are "non-trucking" and do not apply to a vehicle while used to carry property in any business or while used in the business of anyone to whom the vehicle is rented or leased. I understand that the policy I am applying for requires me to be under permanent written lease to an authorized carrier who will provide Bodily Injury and Property Damage Liability insurance in at least the amounts required by law.

Applicant's Signature _____ Date _____

I. UNINSURED AND UNDERINSURED (UM) MOTORISTS COVERAGE

UM coverage protects you against loss from bodily injury caused by an owner or operator of an uninsured, hit-and-run, or underinsured vehicle. Your policy will contain UM coverage equal to your liability limits, unless you select lower limits or reject coverage. **Make your selections below:**

- I reject UM coverage.
- I reject the property damage only portion of UM coverage.
- I select UM coverage with the following limits of liability:
- | | | |
|--|-----------|---|
| <input type="checkbox"/> Minimum Limits | OR | <input type="checkbox"/> Amount shown below (not to exceed liability limits) |
| <input type="checkbox"/> Split limit: \$25,000/\$50,000/\$10,000 | | <input type="checkbox"/> _____ / _____ / _____ Split Limit; or |
| <input type="checkbox"/> Single limit: \$60,000 | | <input type="checkbox"/> _____ Single Limit |

I understand that my choices will apply to any change or addition on my current policy and will continue on all renewal policies unless I give written notice otherwise.

Applicant's Signature _____ Date _____

J. AGREEMENTS AND SIGNATURES

APPLICANT: I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. I AGREE TO PROMPTLY REPORT ALL FULL TIME AND PART TIME DRIVERS. MY EMPLOYEES UNDERSTAND THAT MOTOR VEHICLE REPORTS WILL BE ORDERED. ON THEIR BEHALF, I AUTHORIZE THE INSURER TO ORDER THESE REPORTS ON EACH DRIVER I EMPLOY OR CONTRACT. THIS APPLICATION ALONE DOES NOT BIND COVERAGE. I UNDERSTAND THAT THIS POLICY DOES NOT PROVIDE ANY COVERAGE IN ONTARIO, CANADA.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A CRIME.

Applicant's Signature _____ Producer's Signature _____

Date _____ Date _____