## **Truck Application**

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

NATIONAL INDEMNITY COMPANY OF MID-AMERICA						Policy Term From: To:							
1	Name (and "dba")												
١.				n □ Oth	or		Business pho	ne number					
2.	☐ Individual/Proprietorship ☐ Partnership ☐ Corporation ☐ Other  Mailing address												
	Premises address												
	Person to contact for inspe												
5.	Have you ever had insura	nce with one of t	ne companies lis	ted at the	top of	f this page? 🏻 Y	es 🛮 No						
	If yes, policy number(s)						_Effective dat	e(s)					
DE	SCRIPTION OF OPER	ATIONS											
6.	Describe business												
	Years experience New Venture?  \( \text{Yes} \) No												
7.	Is this your primary busine	ess? 🗆 Yes 🗖	No If no,	explain									
	Seasonal? ☐ Yes ☐ No	0											
8.	Have you ever filed for ba	nkruptcy? 🛘 Ye	s □ No If ye	s, when		Explain							
9.	Gross receipts last year _		Estimate	e for comin	g yea	ar		Business for s	sale? 🛘 Yes	□ No			
10.	Do you operate in more th	an one state?	]Yes □ No □	f yes, list s	tates	<b>.</b>							
11.	Do you haul for hire?	res □ No	Show lar	gest cities	enter	red							
12.	Do you operate over a reg	jular route? 🛚 Y	es □ No □	f yes, show	v tow	ns operated betv	veen						
13.	Are you a common carrier	? ☐ Yes ☐ No	Are you	a contract	haule	er? ☐ Yes ☐ N	lo If yes, for	whom					
14.	List all types of cargo haul	ed											
15.	Do you haul any hazardou					•		•	, provide comp	lete listing			
10	identifying all material(s) a		·										
16.	, ,	-											
17.	, ,		•										
18.	,												
19.	Do you hire any vehicles?	∐ Yes ∐ No	Complete Hire	ed and Nor	ı-Owi	ned Supplementa	al Questionna	re if coverage	e is desired.				
LI	ABILITY COVERAGE	— Complete for	desired covera	ges by inc	dicat	ing limits of ins	urance.						
		LIABILITY					Personal	IF PHYSICAL DAMAGE COVERAGE					
	Camabin and Cimala		Split Limits	D		Medical	Injury Protection	DESIRED,	REFER TO F	OLLOWING PA	AGE.		
	Combined Single Limit BI & PD	Bodily	Injury	Proper Damag	•	Payments	(where		DESIRED,				
		Per Person	Per Accident	Per Accid		-	applicable)	COMPLET	TE TOW TRUC	RUCK SUPPLEMENT.			
								HIRED, NO	HIRED, NON-OWNED - M-4055.				
			UNI	NSURED	МОТ	ORIST COVERA	.GE						
							Split Lim	its					
	Single Lin	nit			D I	D	Bodily Inj	ury	Dan Assida	1			
	Per Person Per Accident												
DI	RIVER INFORMATION	— If additional	space is neede	d, attach s	sepai	rate listing.							
						Dri	ver's Licenses	3		Experienc	се		
	Driver's Name		Date of Birth	Date of Birth State		Number		Class/Type (i.e. CDL)	Years Licensed (in class/type)	Type of Unit (bus, van, truck, tractor, etc.)	INO.		
1.													
2.													
3.													
la 🗆			1		l			I	1	Ī	1		

M-5551 OK (12/2010) Truck Application Page 1 of 4

· · · · · · · · · · · · · · · · · · ·	DRI	VER IN	IFORMA	TION (	Continued)	- If additional s	space is need	ded, attacl	h separ	rate listing							
Experience   Accidents   Date(s)   Date(s)   Date(s)   Date(s)   Date(s)   Date(s)   Date(s)   Percentage (F. 1)	Previous Commercial Driving		l Date	Date of Hire						(DWI/E driving w	less, ontest,	Ind. Cont. (IC) Owner/Op.					
2.   S.   S.   S.   S.   S.   S.   S.					1	Date(s)		Date	(s)	Des	scribe (	Conviction	Date	e(s)	Franchisee (F)		
PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.   20. Acc drivers covered by workers compensation?   Yes   No   If yes, name of carrier																	
PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.   20. Acc drivers covered by workers compensation?   Yes   No   If yes, name of carrier	2.																
PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.   20. Acc drivers covered by workers compensation?   Yes   No   If yes, name of carrier	3.				1												
PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.    20. And inverse conversal by workers compensation?   ve   No   If yes, name of carrier   Are vehicles owner-driven only?   ve   No   Ves   No   No   No   No   No   No   No   N																	
Page	5.																
Are drivers covered by workers compensation?		ASF ATT	ACH DE	TAII FD I	FXPI ANAT	ION OF ACCIDE	NTS LISTED	ABOVE					<u> </u>		l.		
21. Minimum years driving experience required									of carr	ier							
Do you order MVRs on all drivers prior to hiring?   Yes   No   Driver's maximum driving hours	21.																
25.	22.	Are driv	vers ever	allowed t	· · · · · · · · · · · · · · · · · · ·												
SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.  Veh, Model Vehicle Make No. Year & Model (truck, tractor, trailer, etc.)  1	23.	•			-	-		Dr	iver's m	naximum dı	iving h	ours daily	we	ekly			
SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.  Veh. Model Vehicle Make Nodel Picket Intercent Trailer (GVW) Par Vehicle Make Nodel Vehicle Make Nodel (Truck, Trailer, etc.) Public ledentification Number Number Number (Number Number (Number Number (Number Number (Number Number Number (Number Number Number Number (Number Number Number Number Number (Number Number N	24.							_	٦								
Veh.   Model   Vehicle Make   No.   Veh   No.   Veh   Vehicle Make   Vehicle Ma	25.	What is	s the basis	for drive	er(s) pay?	☐ Hourly ☐ I	rip LI Mile	eage L	<b>J</b> Other	r, explain _							
Vehi, Model Vehicle Make No. Year & Model Vehicle Make No. Year & Model Vehicle Make & Model (truck, tractor, trailer, etc.)  1	SC	HEDUL	E OF A	UTOS/\	/EHICLES	6 — Describe all	l vehicles for	which ap	plication	on is made	for in	surance.					
1   2   3   3   4   4   5   5   5   5   5   5   5   5	1				(truck, Full Vehicle Identification, Number			tion Vehic Weig		le # of ht Rear	Location		of Opera-	Milea Pe	ge Lock Brakes, (B) Air		
3   4   6   7   8   8   9   9   9   9   9   9   9   9	1																
4	2																
S	3																
6   7   8   9   9   9   9   9   9   9   9   9	4																
26. Will lessor be added as additional insured?	5																
26. Will lessor be added as additional insured?	6					1											
9   10   10   15   16   16   16   16   16   16   16	7																
9   10   10   15   16   16   16   16   16   16   16	8					1											
26. Will lessor be added as additional insured?	-																
26. Will lessor be added as additional insured?																	
Number of Vehicles Owned: Pick-Ups Trucks Tractors Semi-Trailers Pup Trailers Pup Trailers Pup Trailers Pup Trailers Pup Trailers							<b>-</b>										
PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above.  Veh. Date Purchased Purchased Purchased   Current Stated Value (excluding permanently attached equipment)   Value of Permanently Equipment   Total Stated Amount to be Insured   Comprehensive Spec. C of Loss   Collision   Cargo Limit of Insurance    2	26.	Will les	sor be ad	ded as a	dditional ins	sured? ∐ Yes L	∟ No If ye	s, give nan	ne and a	address of	lessor	for each vehicle _					
PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above.  Veh. Date Purchased Purchased Purchased   Current Stated Value (excluding permanently attached equipment)   Value of Permanently Equipment   Total Stated Amount to be Insured   Comprehensive Spec. C of Loss   Collision   Cargo Limit of Insurance    2	27.	Numbe	r of Vehic	les Own	ed: Pick-Up	os Truc	cks	Tractors _		Semi-Tr	ailers _	Trailers	s	Pup T	railers		
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 Comprehensive Spec. C of Loss     Cargo Limit of Insurance       1     2     5     5     5     5     5     5     5     6     7     6     7     7     8     9 </td <td>28.</td> <td>Numbe</td> <td>r of Vehic</td> <td>les Leas</td> <td>ed: Pick-Up</td> <td>os Truc</td> <td>cks</td> <td>Tractors _</td> <td></td> <td>Semi-Tr</td> <td>ailers _</td> <td> Trailers</td> <td>·</td> <td>Pup T</td> <td>railers</td>	28.	Numbe	r of Vehic	les Leas	ed: Pick-Up	os Truc	cks	Tractors _		Semi-Tr	ailers _	Trailers	·	Pup T	railers		
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 Comprehensive Spec. C of Loss     Cargo Limit of Insurance       1     2     5     5     5     5     5     5     5     6     7     6     7     7     8     9 </td <td>PH</td> <td>YSICA</td> <td>L DAMA</td> <td>GE CO</td> <td>VERAGE</td> <td>Complete sp</td> <td>aces below</td> <td>in detail fo</td> <td>or each</td> <td>respective</td> <td>auto/</td> <td>vehicle describe</td> <td>ed above</td> <td></td> <td></td>	PH	YSICA	L DAMA	GE CO	VERAGE	Complete sp	aces below	in detail fo	or each	respective	auto/	vehicle describe	ed above				
No. Purchased Purchased (excluding permanently attached equipment)  Attached Special Equipment  Amount to be Insured  Spec. C of Loss  Collision  Limit of Insurance  Collision  Limit of Insurance  Amount to be Insured  Spec. C of Loss  Collision  Limit of Insurance  Collision  Limit of Insurance  Amount to be Insured  Spec. C of Loss  Collision  Limit of Insurance  Collision  Limit of Insurance  Amount to be Insured  Spec. C of Loss  Collision  Limit of Insurance  Collision  Limit of Insurance							alue Value	of Perman	ently						Cargo		
1     2       3     3       4     4       5     6       7     8       9     9       10     9	1				hased (		· · · · · · · · · · · · · · · · · · ·		ial					ollision			
2	1					attached equipm	0111)	- чарттотт		modro		D Spec. C of E	033		modranos		
3       4         4       4         5       5         6       7         8       9         10       9																	
4																	
5       6         6       6         7       8         9       9         10       10																	
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9 10 10 1	-				+				$\dashv$								
10	H				+				$\dashv$								
	29	Anv Io	ss pavees	? □ Ye	s 🗆 No	If yes, give na	me and addre	ess of mort	tgagee/	loss pavee	for ear	ch vehicle	I				

**M-5551 OK (12/2010)** Truck Application Page 2 of 4

LOS	S FXPF	RIENCE -	- Provid	de prior insurance carrie	re info	ormatio	n for nas	t full the	roo voare							
		S EXPERIENCE — Provide prior insurance carriers in  Policy Term No		1	No. of Motor			Premiun	Total Amount Claims Paid & Reserves							
F	rom	To	— In	surance Company Name	Powered Vehicles		No. of Acciden	۱. ا								
	,						71001001	its Lia	ab Pily	s Dam	BI	PD		Comp/Coll		Other
1		/ /						_				+				
/		/ /					1	_				+				
· '	s any anr	' '	of any	facts or past incidents, circ	limeta	nces or	situation	s which	could give	rise to	a claim und	er the	ingurano	COVE	rane	
				. <u></u> -			plete deta		Codia give	, 1130 10	a claim und	CI TIIC	mourant		rage	
31. H	lave you	ever been de	eclined,	, cancelled or non-renewed	for th	is kind c	of insuran	ce? □	Yes 🗆 N	No If y	es, date and	d why				
CAI	RGO IN	FORMATION	ON —	100% co-insurance claus	e appl	lies Us	e Tow Tr	uck Sur	polement	for in-t	ow/on hoo	cove	rage			
													nuge.			
PREVIOUS CARGO CARRIER AND LOSS EXPERIEN Policy Term			<u> </u>	, included the part		,	0410 111	Number			<u>'</u>					
Fr	om	To		Company & Policy Num	ber		Prem	nium	Claims		Cause of Loss		Amount Paid		Re	serves
/	/	1 1								$\dashv$					+	
1	/	1 1														
1	1	1 1														
	'															
		Descri	be Car	go Hauled		% of H	lauling	Maxim	um Value	Aver	age Value	Limit	of Insura			ıctible
													PHYSIC		\$500	
															□ \$1,000 □ \$2,500	
													ECTION		Other	
				le homes, limit of insurance should equal maximum loa			al to the v	/alue of	both sides	combi	ned to satisf	y co-ir	nsurance			
	• .	-	-	ge Desired:   Named Per												
				additional premium may ap								•	g and Un	•	Cove	rage
L	<b>J</b> Earned	I Freight Cov	erage	☐ Refrigeration Breakdov	vn Cov	verage	☐ Hired	l Car Ca	rgo Cover	age L	→ Exclude 1	heft C	overage			
FILI	NG INF	ORMATIO	N													
34.	Is an FF	IWA filing red	quired?	☐ Yes ☐ No If ye	s, MC	number										
		mon 🗖 Con							☐ Yes							
35.				e, identify name filed with F							erage opera	tions .				
36. 37.				lated carrier, identify your r d? □ Yes □ No   If ye												
57.				requires CARGO FILINGS												
38.				ess in which permits are iss												
39				eded? 🗆 Yes 🗆 No												
40.				icles owned, operated or u												
41.				nmodities hauled?  Yes		No If fi	ling requi	ired, sho	w states <sub>-</sub>							
40				n return trips? ☐ Yes ☐			🗆 🗸	🗖 .	1.							
42.	-	•		r transportation of hazardo hazardous commodities ur												
43.																
44.	•	-		r operating name?  Yes			•	u operate	e under ar	ny other	name?	Yes	⊔ No			
45.	•	•		ary of another company?				<b>-</b>	, n							
46.	•			other transportation operat							ors to operat		م م ما ساده،	-ito □	Vaa	Пла
47.	•	•	•							ontracti	ors to opera	e on y	our bena	all? L	res	□ NO
49.	Have you purchased, sold or applied for authority over the past 3 years? ☐ Yes ☐ No Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (FHWA, PUC, etc.)? ☐ Yes ☐ No							П Мо								
50.							<b>—</b> 140									
51.				swer to Questions 44 throu												
52.	Do you	have agreem	ents wi	th other carriers for the inte	erchan	ige of ed	quipment	or trans	portation o	of loads	? 🗆 Yes 🗆	□No				
	If yes, a	ttach a copy	of curre	ent agreements and comple	ete the	-		'								
	(a) With whom has such agreement(s) been made?															
				d in (a) carry automobile lia ance company and limits o						<i>3</i> )						
				ance company and limits of does each of the parties to												
				nless in the agreement(s)?		-										
53.																

**M-5551 OK (12/2010)** Truck Application Page 3 of 4

## 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 REF	PRESENTATIVE
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 acc	count?
How long have you known applicant?		_
REQUEST TO COMPANY GENERAL AG	ENT:	
☐ Please quote ☐ Please bind at ea	rliest possible date and issue policy	
☐ Please issue policy effective(Time and D	Coverage was bound by ate Bound by General Agent)	(Name of Person in Company General Agency's Office Binding Coverage)
Applicantly Descriptions Name and Address	Dhana Na	
Applicant's Representative's Name and Address	Phone No.	

M-5551 OK (12/2010) Truck Application Page 4 of 4