New York Marine And General Insurance Company - Renewal Application

RENEWAL OF POLICY: _____ EFFECTIVE DATES: ____/____/_____ to ____/____/_____

INSURED'S NAME: _____ DBA: _____

MAILING ADDESS: _____ CITY: _____ STATE: ____ ZIP: _____

GARAGING ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

CONTACT NAME: _____ PHONE: _____ - _____- _____ YEARS IN INDUSTRY: ____ YEARS IN BUSINESS: _____

DESCRIPTION OF OPERATIONS:

HAS THERE BEEN ANY CHANGE(S) IN YOUR OPERATIONS IN THE LAST 12 MONTHS? Y ☐ N ☐

IF YES, PLEASE EXPLAIN AND IDENTIFY CITIES TRAVELED THROUGH OR INTO:

_____

RADIUS INFORMATION: ☐ **0-100 MILES** ____% ☐**101-300 MILES**____% ☐ **301+ MILES** ____% **FILINGS: MC**:_____ **CA#**:_____

COMMODITIES TRANSPORTED:

COMMODITY	% OF LOADS	VALUE	COMMODITY	% OF LOADS	VALUE	COMMODITY	% OF LOADS	VALUE
	%	$		%	$		%	$
	%	$		%	$		%	$

OPERATION INFORMATION:

1. DO YOU DO ANY OF THE FOLLOWING: A.) ACT AS A FREIGHT-BROKER OR FORWARDER, OR ARRANGE LOADS FOR OTHERS? B.) DO YOU SUBHAUL, LEASE OF HIRE EQUIPMENT FROM OTHERS? C.) DO YOU LEASE TO OTHERS? Y ☐ N ☐ (IF YOU ANSWER YES TO A, B OR C, THEN SUBMIT THE COMPLETE NYMAGIC APPLICATION.)
2. IS ALL EQUIPMENT OPERATED UNDER THE APPLICANT'S AUTHORITY SCHEDULED ON THE APPLICATION? Y ☐ N ☐ (IF NO, ATTACH EXPLANATION.)
3. IS ALL OWNED EQUIPMENT SCHEDULED ON THIS APPLICATION? Y ☐ N ☐ (IF NO, ATTACH EXPLANATION.)
4. IS ALL EQUIPMENT OWNED BY YOU? Y ☐ N ☐ IF NO , PLEASE EXPLAIN:_____
5. DO YOU PULL DOUBLE AND/OR TRIPLE TRAILERS OR BOTH? Y ☐ N ☐
6. DO YOU HAUL CONTAINERS AND/OR CONTAINERIZED FREIGHT? Y ☐ N ☐
7. DO YOU HAUL ANY TYPE OR FORM OF HAZARDOUS-MATERIALS? Y ☐ N ☐ (IF YES, ATTACH EXPLANATION.)

DRIVER INFORMATION

#	NAME	LICENSE #	STATE	D.O.B	YEARS CLASS A EXP.	HIRE DATE
1.						
2.						
3.						
4.						
5.						
6.						

UNIT INFORMATION

#	YEAR	MAKE	VIN # (MUST BE 17 DIGITS)	VALUE	TRAILER TYPE	GVW	RADIUS
1.			__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/___	$			
2.			__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/___	$			
3.			__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/___	$			
4.			__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/___	$			
5.			__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/___	$			
6.			__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/___	$			
7.			__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/___	$			
8.			__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/___	$			

COVERAGE & LIMITS:

☐ **Auto Liability Limit:** _____ ☐ **U.M. Limit:** _____ ☐ **Truckers General Liability Limit:** _____ **GL Payroll:** _____

☐ **Physical Damage Deductible Amount:** _____ ☐ **Cargo Limit:** _____ ☐ **Reefer-Breakdown Needed:** ☐ **YES /** ☐ **NO**

☐ **Medical Payment:** _____ ☐ **U.I.M. Limit:** _____ ☐ **PIP Limit:** _____ ☐ **Combined Ded:** ☐ **YES /** ☐ **NO** ☐ **Hired & Non-Owned Needed:** ☐ **YES /** ☐ **NO**

SIGNATURES:

Attention all applicants in the states of **AL,AR,AZ,CA,CO,DE,FL,IN,KY,MN,NH,NJ,NY,OH,PA,TN,UT-**For your protection, the preceding state's laws require the following to appear on this form: Any person who knowingly, and with intend to defraud any insurance co. or other person, files an application for insurance or statement of claim containing any material false, incomplete or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

For risks located in **NY, PA and CA**: Any person who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading report of theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance co., commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

I hereby certify that the forgoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to me, and the same are hereby made as the basis and condition of the insurance. It is through the inducement of the provided information that **New York Marine and Genera Insurance Co.** shall issue a policy. It is a stipulation of the policy that the policy shall become null and void, and no benefit or effect whatsoever as to any claim arising, in the event that any of the accurate admittance of the application are found false or fraudulent in nature.

X_____ _____ _____ **X** _____ _____

Insured's Signatures **Date** **Title** **Producer Signatures** **Date**