

New York Marine and General Insurance Company

COMMERCIAL INSURANCE APPLICATION

GENERAL INFORMATION							
Name: _____			Federal ID or S.S. #: _____			U.S. DOT #: _____	
Dates Coverage Desired: FROM: _____ TO: _____				Years in Trucking Industry: _____		Years in Business: _____	
Location	Address:	City	State	Zip	Country	Contact Info	Type
M = Mailing / G = Garage						Type: P=Phone F=Fax E=Email C=Cell	

DESCRIPTION OF OPERATIONS						
<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (explain)						
Range of Transport	Radius	%	City	%	City	%
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	0 – 100	%		%		%
	101 – 300	%		%		%
	301 – over	%		%		%
OPERATIONS LESS THAN 300 MILE RADIUS - list all city destinations:						
OPERATIONS BEYOND 300 MILE RADIUS - identify all cities traveled through or into:						
<input type="checkbox"/> ZONE 1 *	<input type="checkbox"/> Buffalo, NY	<input type="checkbox"/> Hartford, CT	<input type="checkbox"/> Memphis, TN	<input type="checkbox"/> Omaha, NE	<input type="checkbox"/> San Diego, CA	
<input type="checkbox"/> ZONE 2 *	<input type="checkbox"/> Charlotte, NC	<input type="checkbox"/> Houston, TX	<input type="checkbox"/> Miami, FL	<input type="checkbox"/> Philadelphia, PA	<input type="checkbox"/> San Francisco, CA	
<input type="checkbox"/> ZONE 3 *	<input type="checkbox"/> Chicago, IL	<input type="checkbox"/> Indianapolis, IN	<input type="checkbox"/> Milwaukee, WI	<input type="checkbox"/> Phoenix, AZ	<input type="checkbox"/> Seattle, WA	
<input type="checkbox"/> ZONE 4 *	<input type="checkbox"/> Cincinnati, OH	<input type="checkbox"/> Jacksonville, FL	<input type="checkbox"/> Minneapolis/St. Paul, MN	<input type="checkbox"/> Pittsburgh, PA	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Cleveland, OH	<input type="checkbox"/> Kansas City, KS	<input type="checkbox"/> Nashville, TN	<input type="checkbox"/> Portland, OR	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Atlanta, GA	<input type="checkbox"/> Dallas/Ft Worth, TX	<input type="checkbox"/> Little Rock, AR	<input type="checkbox"/> New Orleans, LA	<input type="checkbox"/> Richmond, VA	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Baltimore, MD	<input type="checkbox"/> Denver, CO	<input type="checkbox"/> Los Angeles, CA	<input type="checkbox"/> New York City, NY	<input type="checkbox"/> St. Louis, MO	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Boston, MASS	<input type="checkbox"/> Detroit, MI	<input type="checkbox"/> Louisville, KY	<input type="checkbox"/> Oklahoma City, OK	<input type="checkbox"/> Salt Lake City, UT	<input type="checkbox"/> Other: _____	

* For Company Use

COMMODITIES TRANSPORTED			List shipper requirements, if any:		
<input type="checkbox"/> Refuse/Waste/Garbage		<input type="checkbox"/> Hazardous Substances requiring \$1,000,000 liability limits or less			
<input type="checkbox"/> Property (non-hazardous)		<input type="checkbox"/> Hazardous Substances requiring liability limits in excess of \$1,000,000 (please explain)			
Commodity	Percent of Loads	Value	Commodity	Percent of Loads	Value
	%			%	
	%			%	
	%			%	

OPERATION INFORMATION					
Y <input type="checkbox"/>	N <input type="checkbox"/>	1. Are fillings required?	Docket #:	MCP #:	Other:
Y <input type="checkbox"/>	N <input type="checkbox"/>	2. Do you act as a freight-broker or freight-forwarder or arrange loads for others?			
			If yes, provide Brokerage Name:		Docket #:
			Annual Brokerage Revenue:		
Y <input type="checkbox"/>	N <input type="checkbox"/>	3. Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation.			
Y <input type="checkbox"/>	N <input type="checkbox"/>	4. Is all owned equipment scheduled on this application? If no, attach explanation.			
Y <input type="checkbox"/>	N <input type="checkbox"/>	5. Is all scheduled equipment owned by you? If no, attach explanation.			
Y <input type="checkbox"/>	N <input type="checkbox"/>	6. Do you sub-haul, lease or hire equipment from others? If yes, is it:			
Y <input type="checkbox"/>	N <input type="checkbox"/>	a. If permanently leased, is it scheduled on this application?			
Y <input type="checkbox"/>	N <input type="checkbox"/>	b. If permanently leased, are autos hired with drivers?			
Y <input type="checkbox"/>	N <input type="checkbox"/>	c. If trip leased, provide the annual estimated cost of hire		Current Year	Prior Year
Y <input type="checkbox"/>	N <input type="checkbox"/>	7. Do you lease to others? If yes, who must provide primary insurance?			
If you provide insurance, who is coverage desired for:					
If Named Lessee(s), attach a list of Name and Addresses for each lessee.					
Y <input type="checkbox"/>	N <input type="checkbox"/>	8. Do you pull doubles?			
Y <input type="checkbox"/>	N <input type="checkbox"/>	a. Do you pull triples?			
Y <input type="checkbox"/>	N <input type="checkbox"/>	9. Do you haul containers or containerized freight?			
Y <input type="checkbox"/>	N <input type="checkbox"/>	10. Do you haul oversize / overweight loads?			

DRIVER INFORMATION		Must Be Completed For All Drivers If needed, additional space provided on page 4				
Driver	Date of Birth	License Number	State	# Years Driving Similar Equipment	Date of Hire	Notes

DRIVER VIOLATIONS		Must be provided for all drivers, and provide three years of information.			
Driver	Date	# of Major	# of Minor	Describe/Comments	

DRIVER EMPLOYMENT HISTORY		If you have not had insurance for the past two years in your name, provide three years Employment history for each driver. (Do not indicate 'self-employed' unless you have had insurance in your name.)			
Driver	Prior Employer	Full address	Dates of Employment	Type of Unit	
				to	
				to	
				to	

UNIT REVENUE AND MILEAGE		Actual & Estimated		
	Period	Units	Revenue	Mileage
Projected				
Current				

INSURANCE HISTORY & LOSS EXPRIENCE		Years Prior Insurance Under Business Name						
HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? _____								EXEMPT IN MISSOURI
If yes, please explain _____								
Policy Term FROM TO	Insurance Company	Type:	Policy Number	# of Units Insured	Any losses over the policy term	If Yes, How Many	\$ Amount	Drivers Involved In Loss
					Y <input type="checkbox"/> N <input type="checkbox"/>			
					Y <input type="checkbox"/> N <input type="checkbox"/>			
					Y <input type="checkbox"/> N <input type="checkbox"/>			

TYPE OPTIONS: P = Physical Damage; C=Cargo, L=Primary Liability; N=Non-Trucking Liability

ACCIDENT DESCRIPTION		Description
Policy	Company	

SCHEDULE OF AUTOS TO BE INSURED			All units you own or are leased to you must be scheduled and insured if fillings are to be made If needed, additional space provided on pg. 5.					
Model Year	Trade Name	Type (TRCT/TRLR)	Trailer Type D=Dump F=Flat R=Reefer V=Van	VIN Number	GVW/GCW	Stated Value	Max Radius	Owner's Name

LIEN HOLDER INFORMATION					
VIN Number	Name	Address	City	State	Zip Code

FINANCED VALUE COVERAGE	The Stated Value of each auto must be equal to or greater than the outstanding financial obligation for that auto in order for the Financed Value Coverage to apply.
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COVERAGES				
	Coverages	Limit	Deductible	Special Comments
<input type="checkbox"/>	Primary Liability			
<input type="checkbox"/>	Uninsured Motorists*			
<input type="checkbox"/>	Underinsured Motorists*			
<input type="checkbox"/>	Hired Autos			
<input type="checkbox"/>	Non-owned Autos			
<input type="checkbox"/>	Physical Damage			
<input type="checkbox"/>	Trailer Interchange			
<input type="checkbox"/>	Cargo/Inland Marine			
<input type="checkbox"/>	Truckers General Liability			Payroll:
<input type="checkbox"/>	Medical Payment*			
<input type="checkbox"/>	Personal Injury Protection*			
<input type="checkbox"/>	Combined Deductible			

* Coverage selection/rejection forms(s) for Uninsured Motorists, Underinsured Motorists, Medical Payments, and Personal Injury Protection (as required by state laws) must be completed and submitted together with this application for insurance coverage.

SCHEDULE OF ADDITIONAL INSURED(S) (SHIPPER)		
#	Additional Insured's Name	Notes

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 states' laws require the following to appear on this forms: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially 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 New York, Pennsylvania, and California: Any personal who knowingly makes or assists, abets, solicits or conspires with another to make a false or misleading report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, a state department of motor vehicles, or an insurance company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

SIGNATURES		
<p>I authorize, <u>NTA General Insurance Agency</u> to obtain a copy of my Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living, as well as any pertinent financial data deemed necessary. Upon written request, information as to the nature and scope of the report will be provided to me.</p> <p>I hereby certify that the foregoing 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.</p> <p>Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.</p> <p>It is through the inducement of the provided information that New York Marine And General Insurance Company 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.</p> <p>The vehicles to be insured are owned or leased by the Applicant/Name Insured and the drivers on record with New York Marine And General Insurance Company will be the only drivers of the insured vehicles during the policy period and all subsequent renewals unless additional drivers are reported to and approved by New York Marine And General Insurance Company prior to the operation or use of any vehicle shown in the policy.</p>		
APPLICANTS NAME	DATE	APPLICANT'S SIGNATURE
PRODUCER NAME	PHONE / FAX	PRODUCER'S SIGNATURE

