

UNITED SPECIALTY INSURANCE COMPANY

GENERAL INFORMATION

Name: _____ MC Number: _____ U.S. DOT Number: _____ CA Number: _____

Telephone Number: _____ Contact Name: _____

Individual
 Corporation
 Partnership
 Limited Liability Corporation
 Other: _____

Effective Date: _____ To _____ Years in **Business**: _____

	Address	City	State	Zip
Mailing				
Garaging (if different)				

RADIUS

Range Of Transport:
 Interstate OR Intrastate

Radius	Percentage
0-100	
101-300	
301 - 500	
500+	

COMMODITIES

List shipper requirements, if any:

Refuse/Waste/Garbage
 Hazardous Substances requiring \$1,000,000 liability limits or less
 Property (non hazardous)
 Hazardous Substances requiring Liability limits in excess of \$1,000,000 (please explain)

Commodity:	% of Loads:	Value:	Commodity:	% of Loads:	Value:

Do you ever haul any of the following commodities? (All commodities require a response)

Steel Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No Cement Mixers: <input type="checkbox"/> Yes <input type="checkbox"/> No Tankers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Garbage/Refuse/Waste: <input type="checkbox"/> Yes <input type="checkbox"/> No Scrap Metal: <input type="checkbox"/> Yes <input type="checkbox"/> No Boat(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Livestock/Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No Automobiles: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please indicate any other (or additional) commodities hauled:

UNDERWRITING QUESTIONS

Yes	No	1 Are filings required? Docket #: _____ MCP #: _____ Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	2 Do you act as a freight-broker or freight-forwarder or arrange loads for others? If yes, provide brokerage name: _____ Annual Brokerage Revenue: _____
<input type="checkbox"/>	<input type="checkbox"/>	3 Is all equipment operated under the applicant's authority scheduled on the application? If no, attach explanation
<input type="checkbox"/>	<input type="checkbox"/>	4 Is all owned equipment scheduled on this application? If no, attach explanation.
<input type="checkbox"/>	<input type="checkbox"/>	5 Is all scheduled equipment owned by you? If no, attach explanation
<input type="checkbox"/>	<input type="checkbox"/>	6 Do you sub-haul, lease or hire equipment from others? If yes, is it: a. If permanently leased, is it scheduled on this application? b. If permanently leased, are autos hired with drivers? c. If trip leased, provide the annual estimated cost of hire Current Year: _____ Prior Year: _____
<input type="checkbox"/>	<input type="checkbox"/>	7 Do you lease to others? If yes, who must provide primary insurance? If you provide insurance, is coverage desired for: If Named Lessee(s), attach a list of Name and Addresses for each lessee.
<input type="checkbox"/>	<input type="checkbox"/>	8 Do you pull doubles? a. Do you pull triples?
<input type="checkbox"/>	<input type="checkbox"/>	9 Do you haul containers or containerized freight?
<input type="checkbox"/>	<input type="checkbox"/>	10 Do you haul oversize/overweight loads?
<input type="checkbox"/>	<input type="checkbox"/>	11 Do you haul any hazardous material or commodities that require a HAZMAT placard?
<input type="checkbox"/>	<input type="checkbox"/>	12 Do you do any refuse/waste hauling involving residential exposure?
<input type="checkbox"/>	<input type="checkbox"/>	13 Do you haul electronics? If yes, list the shipper & the percentage of the load: _____

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COVERAGE SECTION:

Coverage
 Liability* Combined Single Limit: _____ Motor Truck Cargo Limit Per Conveyance: _____
 Physical damage Total Insured Values: _____ General Liability Per Occurrence/Aggregate: _____

*Deductible
 \$1,000 Auto Liability Property Damage only (Optional)

EQUIPMENT LIST

Year	Make	Type*	Value	Vehicle Identification Number
1.				
Loss Payee Info: _____				
2.				
Loss Payee Info: _____				
3.				
Loss Payee Info: _____				
4.				
Loss Payee Info: _____				
5.				
Loss Payee Info: _____				
6.				
Loss Payee Info: _____				
7.				
Loss Payee Info: _____				
8.				
Loss Payee Info: _____				

*If trailer, indicate whether it is a Van, Flatbed, Reefer, Tanker, Dump or Mixer,

UNIT REVENUE AND MILEAGE Actual & Estimated

	Year	# of Units	Revenue	Mileage
Projected				
Current				

DRIVER SECTION

	Driver's Name	License Number	State	Years Experience
1.				
2.				
3.				
4.				

INSURANCE HISTORY & LOSS EXPERIENCE

HAS ANY INSURANCE CARRIER CANCELLED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? _____
 If yes, please provide an explanation: _____

Policy Term (Inception/Expiration)	Insurance Company	Policy Number	# of Units	Any Claims? (Yes or No)	If yes, Provide Details

SCHEDULE OF ADDITIONAL INSURED

	Name	Address	City	State	Zip Code
1					
2					
3					

UNITED SPECIALTY INSURANCE COMPANY

SIGNATURES

This application does not bind you or us to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 form: 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 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 company, commits perjury or a fraudulent insurance act, which are crimes punishable by incarceration, and shall also be subject to a civil penalty.

I authorize, NTA General Insurance Agency 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.

I hereby certify that the foregoing statements and answers 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 be, and the same are hereby made as the basis and condition of the insurance.

Any person who, with 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 the and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

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 of fraudulent in nature.

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.

X _____
Insured's Signature/Title

Date

Producer's Name

X _____
Producer's Signature

Date