



Acceptance Indemnity Insurance Company  
 Acceptance Casualty Insurance Company  
 Occidental Fire & Casualty of North Carolina  
 Wilshire Insurance Company  
 Harco National Insurance Company  
 Transguard Insurance Company of America

## COMMERCIAL AUTO APPLICATION

Producer: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

List all garaging locations: \_\_\_\_\_

Insured is:  Individual  Partnership  Corporation

Proposed Effective Date: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Current Financials Attached?  Yes  No

Have you ever filed for bankruptcy?  Yes  No

Ever operated under a different name?  Yes  No

If yes, please provide name(s) \_\_\_\_\_

Do you have any Subsidiaries?  Yes  No

If yes, please provide details of relationship: \_\_\_\_\_

**DESCRIPTION OF OPERATIONS:**

Carrier Type:  Common  Contract  Private  Other \_\_\_\_\_

If Contract, for whom: \_\_\_\_\_

Description and scope of operations: \_\_\_\_\_

US DOT Number: \_\_\_\_\_ MC Number: \_\_\_\_\_ Latest DOT Rating: \_\_\_\_\_ Yr. \_\_\_\_\_

State Filings Required?  Yes  No List State & State Cert #(s) \_\_\_\_\_

Have you been canceled/non-renewed by another carrier within the past three (3) years?  Yes  No

If yes, please provide details: \_\_\_\_\_

Is Carrier involved in any non-trucking business?  Yes  No

If yes, please complete the non-trucking application.

**OWNERSHIP INFORMATION:**

Name	Position/Title	# Years	% Ownership
1.			
2.			
3.			
4.			

**COMMODITIES HAULED (Show%)**

	%		%		%
	%		%		%
	%		%		%
	%		%		%
	%		%		%

RISK BOUND?  YES  NO      DATE BOUND \_\_\_\_\_ TIME BOUND \_\_\_\_\_ BROKER  
 INT. \_\_\_\_\_

**SCOPE OF OPERATION:**

Radius of operation: \_\_\_\_\_ Metro Areas? Yes No Delivery? Yes No Coastal? Yes No

Radius by %: 0-100 miles \_\_\_\_\_ 101-300 miles \_\_\_\_\_ 301-500 miles \_\_\_\_\_ over 500 miles \_\_\_\_\_

Area(s): East Coast Southeast Northeast Southwest Midwest West Coast Northeast

Average Trip by miles? \_\_\_\_\_ Maximum Trip by miles? \_\_\_\_\_

Largest Cities entered, list all traveled to or through: \_\_\_\_\_

**EQUIPMENT OVERVIEW – Attach vehicle schedule**

Type of Equipment	Owned	Owner/Operator	Total # of units
Tractors			
Heavy Trucks			
Light Trucks/Vans			
Service Units			
Trailers			
Spare Trailers			

**COVERAGES AND LIMITS**

**Application for:**

Liability Physical Damage Motor Truck Cargo Other: \_\_\_\_\_

**Basis of quote**

Annual Receipts Mileage Monthly reporting Other: \_\_\_\_\_

**Coverage to be Quoted**

Liability	Limits	Deductible	Notes/comments
<input type="checkbox"/> Truckers liability, Symbol _____	_____	_____	_____
<input type="checkbox"/> Bus. Auto liability, Symbol _____	_____	_____	_____
<input type="checkbox"/> UM/UIM Coverage _____	_____	_____	_____
<input type="checkbox"/> Trailer Interchange _____	_____	_____	_____
<input type="checkbox"/> Pip or <input type="checkbox"/> Med Pay _____	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

*Physical Damage* Collision Specified Perils Comprehensive  
Deductibles: \_\_\_\_\_

Total Insured Value: \_\_\_\_\_

Comments: \_\_\_\_\_

*Motor Truck Cargo*

Commodity \_\_\_\_\_ Limit \_\_\_\_\_ Deductible \_\_\_\_\_ # of Units \_\_\_\_\_

*Receipts/Mileage*

Estimated annual receipts/mileage: \_\_\_\_\_

Additional Coverage Comments/Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOSS HISTORY**

Previous Insurance and Loss Experience – This section must be completed in its entirety.

**HARD COPY LOSS RUNS ARE REQUIRED.**

Auto Liability	Current	Prior	Prior
Insurance Company			
Policy number			
Policy Dates			
Total paid in Claims			
Total in Reserve			
# of Claims			
Deductible			
Premium			
Loss Ratio			

Physical Damage	Current	Prior	Prior
Insurance Company			
Policy number			
Policy Dates			
Total paid in Claims			
Total in Reserve			
# of Claims			
Deductible			
Premium			
Loss Ratio			

Cargo	Current	Prior	Prior
Insurance Company			
Policy number			
Policy Dates			
Total paid in Claims			
Total in Reserve			
# of Claims			
Deductible			
Premium			
Loss Ratio			

Description of any Losses over \$25,000.00 or still open

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Schedule of Units**

Unit No.	Symbol Type	Model Year	Make	Stated Value	Gross Vehicle Weight	Complete VIN	Loss Payee & Address
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

**PLEASE NOTE:** If filings are required for this insured, **ALL** units owned &/or leased (including owner/operators) by this insured **MUST** be scheduled and covered **100%** of the time for this insured to be in compliance. Failure to do have all units on his/her policy will result in an immediate cancellation of insured policy.

**Driver Information**

Name	Date of Birth	Driver's License #	State License Obtained	Years Experience	Date of Hire	# Accidents Past 3 yrs	Traffic Violations

Do you hire any drivers with less than 2 years CDL experience? Yes No Minimum Experience Required? \_\_\_\_\_

Do you hire any part-time drivers? Yes No

Do you check MVR before hiring a driver? Yes No Drivers Drug tested prior to hire? Yes No

Random Drug test after hire? Yes No

Do you check Prior Employment? Yes No

# of Full Time Employee drivers? \_\_\_\_\_

# of Part-time Employee drivers? \_\_\_\_\_

# of Owner/Operators? \_\_\_\_\_

# of Team drivers? \_\_\_\_\_

My signature below indicates that I have reviewed this application, this list of drivers, this list of equipment and have assigned the Stated Value (defined as actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current market place. I have assumed responsibility for insuring only the equipment shown on this application.

I authorize IAT to obtain a copy of my Motor Vehicle Record 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. Upon written request, information as to the nature and scope of the report will be provided to me. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

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Applicant's Signature Date

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Agent/Broker's Signature Date

**Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

