



OREGON
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SPECIALTY COMMERCIAL AUTOMOBILE APPLICATION

Section I - General Information

Specialty Policy #: _____

1. Policy Period Desired _____ / _____ Phone # _____

2. Applicant Name _____ Fax # _____

(dba) _____

E-mail Address _____ Website _____

3. Inspection Contact _____

4. Mailing Address _____

5. Physical Address _____

(if different from mailing)

6. Insured is: Individual Partnership Corporation Limited Liability Corp. Other: _____

7. Describe business/operations _____

8. Cargo hauled (be specific): _____

❖ If Cargo coverage is requested – attach completed Specialty Cargo Supplement (TR 1000)

9. Years operating this business: _____

10. New Venture Yes No (If "Yes", complete Specialty New Venture Supplement TR1023)

11. Have you ever operated this type of business under another name? Yes No

If "Yes," what was the name of that business? _____

12. In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or the policy renewal refused? (This question is not applicable in Missouri) Yes No

If "Yes," explain: _____

Section II - Description of Operations

13. Food Delivery: (Autos used by food manufacturer to transport raw and finished products or used in wholesale distribution of food).

14. Hauling your own goods or product (not for hire)

15. Contractor(s) other than dump operations- include a completed Specialty Contractor Supplement (TR1012)

16. Public Auto – include a completed Specialty Public Auto Supplement (TR1015)

Driver discipline program

Company work rules

Accidents reviewed with at fault driver to discuss
corrective or disciplinary action plan

39. Driver Schedule:

Driver Name	DOB	License Number/State	Yrs Driving Similar Equipment	# Moving Viol/Acc in Past 3 Yrs
1				
2				
3				
4				
5				

Section V – Equipment Schedule

40. Number of vehicles: _____ Pickups _____ Trucks _____ Tractors _____ Semi Trailers _____ Full Trailers
 _____ Buses _____ Vans _____ PPTs _____ SUVs
 _____ Other (describe) _____

41. Is this insurance to cover all owned, leased and operated vehicles? Yes No
 42. Do others operate under your authority? Yes No
 43. Do you ever lease your authority to others? Yes No
 44. Do you hire any equipment? Yes No
 If 'Yes,' complete the Specialty Hired & Non-Owned Supplement

45. Do you loan or rent any of your equipment to others? Yes No
 46. Do you interchange equipment with other carriers? Yes No
 47. Indicate specialized equipment attached to any unit (select all that apply)

- Cranes
- Booms
- Other _____
- Hooks
- Chains

Provide details for unit with specialized equipment in the table below:

Unit Number	Year/Make/Model	Description of Specialized Equipment

Section VI – Vehicle Maintenance and Safety

48. Vehicle Maintenance (select all that apply):

- Written maintenance program
- Service your own vehicles
- Mechanics on staff
- Vehicles serviced by outside mechanic
- Service/maintenance logs kept on premises
- Pre-trip check of vehicles conducted by drivers
- Annual state inspections required

49. Specific safety equipment attached to units: (indicate all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Anti theft device | <input type="checkbox"/> Reflective tape |
| <input type="checkbox"/> Back up Alarms | <input type="checkbox"/> Reflectors |
| <input type="checkbox"/> Drive Cam monitored service | <input type="checkbox"/> Speed Governors; indicate set speed _____ |
| <input type="checkbox"/> Electronic Log Programs | <input type="checkbox"/> Tarps |
| <input type="checkbox"/> Fender Mirrors | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Strobe Lights | |

50. Vehicle Safety & Overnight Security (indicate all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Vehicles taken home by drivers | <input type="checkbox"/> Well lit lot |
| <input type="checkbox"/> Vehicles stored at insured's open lot | <input type="checkbox"/> Intrusion Alarm |
| <input type="checkbox"/> Vehicle stored at non-owned open lot | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Vehicles stored inside building | <input type="checkbox"/> Guard dogs |
| <input type="checkbox"/> Fenced lot | <input type="checkbox"/> Keys locked in secured location |
| <input type="checkbox"/> Other _____ | |

Section VII - Filing Information

For prompt and accurate filing, complete information must be given including name, address and Docket number, EXACTLY as authority exists. Use separate sheet if necessary. Failure to provide accurate information will result in delays and possible suspensions.

51. DOT# _____ ICC or MC# _____ Federal ID# _____

52. State or City filings required? Yes No
 If "Yes," list States/Cities and permit numbers _____

53. Do you hold broker authority? Yes No

54. Are any special filings required such as oversize, overweight or hazardous permit? Yes No

55. Are Canadian Filings required? Yes No

Section VIII - Previous Insurance and Loss Experience

56. Loss History (MUST BE COMPLETED IN ITS ENTIRETY)

FOR FLEETS CONSISTING OF 5 OR MORE POWER UNITS – HARD COPY LOSS RUNS ARE REQUIRED

Policy Period	Insurance Carrier	Policy #	Coverages Provided***	Total Amount of *BI/PD & **APD Claims Paid Including Reserves		Name of Driver Involved in Loss
				# of Claims	Total Amount of Loss	
From			<input type="checkbox"/> Liability			
To			<input type="checkbox"/> APD			
From			<input type="checkbox"/> Liability			
To			<input type="checkbox"/> APD			
From			<input type="checkbox"/> Liability			

To			<input type="checkbox"/> APD			
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*BI/PD=Bodily Injury & Property Damage **APD=Auto Physical Damage

***Liability coverage includes: auto liability, UM, UIM, Med Pay, PIP (no fault) and any other state specific liability coverage

Section IX –Coverage and Limits Requested

57. Liability Coverage (select all that apply)

Combined Single Limit (BI/PD) each accident \$ _____ (can not exceed \$1 million)

Liability Property Damage Deductible (Available for fleet accounts only) \$ _____

Drive Other Car Coverage (available for owner and spouse)

Uninsured Motorists (UM) \$ _____ (can not exceed BI/PD limit)

Underinsured Motorists (UIM) \$ _____ (can not exceed BI/PD limit)

Personal Injury Protection (PIP or No Fault) \$ _____

❖ Do you carry Worker’s Compensation? Yes No

Medical Payments \$ _____ (can not exceed \$5000 limit)

Property Protection (Michigan Only) \$ _____

Non-Owned Liability: # Employees: _____ OR Contract Requirement Only (“If Any” basis)

Hired Auto Liability: Estimated Cost of Hire \$ _____ OR Contract Requirement Only (“If Any” basis)

Please attach appropriate Uninsured Motorists / Underinsured Motorists / Personal Injury Protection and Medical Payments Selection form(s). Must be completed in full and signed by the first named insured when binding coverage.

58. Physical Damage Coverage (select all that apply)

Property Damage Buyback (Michigan Only)

Non-Owned Trailer Physical Damage: Max Value \$ _____

❖ Max # of non-owned trailers in your possession at any one time: _____

Hired Auto Physical Damage: Max Value \$ _____ # of days: _____

Cargo: Please complete the Colony Specialty Cargo Supplement (TR 1000)

Rental Reimbursement Coverage

Roadside Service /Repair Coverage

Single deductible per loss or occurrence

Physical Damage Total Insured Value \$ _____ (list individual vehicle values with Comp/SCOL and Collision deductible amounts in the vehicles schedule on page 6 of 8)

59. Vehicle Schedule (complete for all owned and operated units)

Unit No.	Model Year	Make & Model	Body Type	Vehicle ID Number	Seating Capacity	Garaging Location (City & Zip)
1						
	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$
2						
	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$
3						
	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$
4						
	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$
5						
	Physical Damage	Comp Deductible	SCOL Deductible	Collision Deductible		Stated Amount
						\$

60. Additional Interest (attach separate sheet if necessary):

UNIT NO.	INDICATE INTEREST	NAME	STREET ADDRESS, CITY, ST, ZIP
	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Certificate Holder <input type="checkbox"/> Lien holder <input type="checkbox"/> Loss Payee <input type="checkbox"/> Waiver of Subro <input type="checkbox"/> _____		

UNIT NO.	INDICATE INTEREST	NAME	STREET ADDRESS, CITY, ST, ZIP
	<input type="checkbox"/> Additional Insured <input type="checkbox"/> Certificate Holder <input type="checkbox"/> Lien holder <input type="checkbox"/> Loss Payee <input type="checkbox"/> Waiver of Subro <input type="checkbox"/> _____		

GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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 information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Arkansas, Louisiana, New Mexico, Rhode Island, West Virginia

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

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

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Ohio
Any person who, with intent to defraud or knowing that he 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.

Oklahoma
WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania
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 information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maine, Tennessee, Virginia, Washington
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Section X - Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant's Printed Name

Applicant's Signature

Date

Witness (if applicable)

Date

Agent/Broker:
Are you personally familiar with this Applicant's operations? Yes No
Did your office control this risk in the past year? Yes No

Agent's or Broker's Name (please print)

Telephone Number

Agent's or Broker's Signature

Agent's or Brokers Address

Date

License Number: _____