

Roush Insurance Services, Inc.

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COMMERCIAL AUTOMOBILE/TRUCKERS SUPPLEMENTAL APPLICATION (Complete in addition to ACORD Application)

Name of Applicant: _____

 D/B/A: _____

 Street Address: _____

 P.O. Mailing Address: _____

 Phone Number: (____) _____
 FEIN/Social Security/Soundex No. _____
 Website: _____

Agent Name: _____

 Address: _____

 Agent No.: _____

PROPOSED EFFECTIVE DATE:
From _____ **To** _____
 12:01 A.M., Standard Time, at the mailing address of the Applicant.

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

1. **How many years of experience does your management have in the truck/transportation business?** _____
 Provide an explanation of their experience: _____
2. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?** Yes No
 If yes, provide details: _____
3. **Is there a formal safety program?** Yes No
 If yes, provide a copy.
4. **List commodities transported:** _____
5. **Radius of operations:** Intrastate only Interstate
 0-100 miles _____% 101-300 miles _____% 301-500 miles _____% Over 500 miles _____%
6. **List all states in which vehicles operate:** _____
 a. For all states, list largest cities entered: _____
 b. For all states, list farthest city entered from garaging location: _____
7. **Is your operation subject to time constraints when delivering the commodity?** Yes No
8. **Do you haul for others?** Yes No
 If yes, indicate percentage: _____% For whom _____

9. **Do you back haul?** Yes No
If yes, advise for whom and commodities transported: _____

10. **Do you have a signed trailer interchange agreement?** Yes No
If yes, provide a copy of the signed agreement, cover letter and provider list.

11. **Do you operate under a UIIA (Uniform Intermodal Interchange Association) contract?** Yes No
If yes, provide a copy of the signed contract, cover letter and provider list.

12. If any vehicle has a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper?

13. **Do you allow passengers?** Yes No
If yes, explain: _____

DRIVER INFORMATION

14. **Is there a formal driver hiring procedure?** Yes No

15. **Is there a formal driver training program?** Yes No

16. **Do you:**
Perform employee drug and alcohol screening/testing? Yes No
Perform criminal background checks? Yes No
Have a "Good Driver" incentive program? Yes No
Order MVRs prior to allowing employees to drive? Yes No

17. **Criteria for hiring drivers: minimum age:** _____ **years of experience:** _____
Describe MVR standards: _____

18. **Average driver turnover per year:** _____ %
Number of drivers hired in the past twelve (12) months:

19. **Is there an accident review procedure?** Yes No
If yes, please describe: _____

20. **Are all drivers employees?** Yes No
If no, provide copy of contract.

21. **How are your drivers paid?** Per load Per hour Other: _____

22. **Do you agree to screen and report all potential operators immediately upon hiring?** Yes No

23. **Maximum number of hours driver will operate a vehicle in a twenty-four (24) hour period:** _____

24. **Are driver teams used?** Yes No

25. **Do you use double or triple trailers?** Yes No
If yes, what percentage of trips involves the use of multiple trailers? _____ %

26. **Provide details on your vehicle maintenance program:** _____

27. **Are any vehicles owned, operated or leased that are not included in the vehicle schedule?** Yes No
If yes, provide details: _____

OPERATION HISTORY

Year	Gross Receipts	Mileage	Number of Power Units
	\$		
	\$		
	\$		
Current Year	\$		
Projected for Coming Year	\$		

FILING INFORMATION

28. Do you hold an ICC/FHWA permit or UCRA/DOT registration? Yes No
 If yes, provide: US DOT No. _____ MC No. _____ Base State _____

HIRED AUTO INFORMATION—Coverage Subject to Audit

29. Why is hired auto coverage being requested? _____

30. Do you lease, hire, rent or borrow any vehicles from others? Yes No
 What is the average term of the lease? _____
 Is there a written agreement?..... Yes No
 Does it include a Hold Harmless agreement and/or Additional Insured clause? Yes No
Provide a copy of the agreement.

31. Do you hire independent contractors? Yes No
 If yes, do you require certificates of insurance? Yes No
Provide a copy of the contract.

32. If owner/operators are leased, will they be scheduled on your policy? Yes No
 If yes, provide a copy of the agreement you use.

33. Do you use sub-haulers? Yes No
 If yes, provide cost of hire: \$ _____
Provide a copy of the contract.

34. Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes No
 Will they be scheduled on the policy?..... Yes No
 What is the average term of the lease? _____

35. What is your cost to lease, hire, rent or borrow vehicles?
 With drivers \$ _____ Without drivers \$ _____
 Estimated cost of hired autos: This year: \$ _____ Last year: \$ _____

36. Is Hired Auto Physical Damage coverage desired? Yes No
 If yes, average value of auto hired: \$ _____

37. How many autos are hired on average within a twelve (12) month period? _____

38. How many hired autos are in the insured's possession at any one time? _____

39. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors _____% Trailers _____%
 Heavy and Extra Trucks _____% Pickup trucks or Vans _____% Private Passenger Cars _____%

40. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name?..... Yes No
If yes, explain: _____

41. Do you arrange or dispatch loads for others, not including your own hired truckers? Yes No
Explain: _____
Are you named on the Bills of Lading? Yes No
Annual number of Truckers: _____ Loads: _____

42. Do you have motor carrier brokerage authority?..... Yes No
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
What is your motor carrier brokerage number? _____
Whose name appears on the bill of lading as the carrier? _____
What is your brokerage revenue for the most recent twelve (12) months? \$ _____
Estimated next twelve (12) months: \$ _____

43. Do you understand that we may audit your records for Hired auto exposure, which might result in an additional premium?..... Yes No

NON-OWNED AUTO INFORMATION—Coverage Subject to Audit

44. Why is non-ownership liability coverage being requested? _____

45. What types of non-owned autos will be used in your business? _____
Total number of non-owned autos used: _____ How will they be used? _____

46. How often are non-owned autos used in your business? Daily Weekly Monthly Other: _____
Estimate the number of hours per month: _____
Estimated annual mileage for use of all non-owned autos: _____

47. Do any employees use their autos in your business? Yes No
If yes, what limit of liability insurance are they required to maintain? \$ _____
Do you require evidence of insurance? Yes No

48. Will you use non-owned autos other than those owned by employees? Yes No
If yes, describe the relationship: _____

49. Total number of employees: _____ Total number of officers and partners: _____

50. If a social service operation, do you use the autos of volunteers? Yes No
Maximum number of volunteers at any one time: _____
How will they use their vehicles? _____

51. Are volunteers required to have their own insurance?..... Yes No
If yes, provide the minimum limits required: _____

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.

California Notice And Disclosure: Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

FRAUD WARNING: 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. **(Not applicable in Nebraska, Oregon and Vermont.)**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.