



## FOR HIRE TRUCK INSURANCE APPLICATION

- |   |   |
|---|---|
| <input type="checkbox"/> Colony Insurance Company           | <input type="checkbox"/> Argonaut Insurance Company         |
| <input type="checkbox"/> Colony Specialty Insurance Company | <input type="checkbox"/> Argonaut Midwest Insurance Company |

### SECTION I- APPLICANT INFORMATION

**New Policy** or  **Renewal of Policy #** \_\_\_\_\_

1. Insured Name or dba \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

2. Proposed Effective Date: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Web site: \_\_\_\_\_  
 12:01 A.M. at applicant's mailing address

3. Mailing Address: \_\_\_\_\_

4. Social Security Number or Federal Tax ID Number: \_\_\_\_\_

5. Insured is:  Individual  Partnership  Corporation  LLC  Joint Venture  Other: \_\_\_\_\_

6. Describe business/operations: \_\_\_\_\_

7. Years operating this business: \_\_\_\_\_ or Is this a New Venture Operation?  Yes  No

If **Yes**, please attach a completed Colony New Venture Supplement for the owner(s) & drivers

8. Have you ever operated under another name?  Yes  No

If Yes, what was the name of that operation? \_\_\_\_\_ DOT #: \_\_\_\_\_

9. Have you filed bankruptcy or legal reorganization in the past 5 years?  Yes  No

10. Has coverage been cancelled or non-renewed in the last 3 years?  Yes  No  
 If **Yes**, please explain: \_\_\_\_\_

11. History of Gross receipts – 2 years plus current year.

Year	Gross Receipts/Revenues	# of power units at inception	Radius
Projected / Current			
First Prior			
Second Prior			

**SECTION II –COVERAGES**

**Please check all applicable coverages:**

- Combined Single Limit (BI/PD) each accident \$ \_\_\_\_\_ Can not exceed \$1 million
- Liability Property Damage Deductible (Available for fleet accounts only) \$ \_\_\_\_\_
- Uninsured Motorists (UM) \$ \_\_\_\_\_
- Underinsured Motorists (UIM) \$ \_\_\_\_\_
- Personal Injury Protection (PIP – No Fault) \$ \_\_\_\_\_

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

- Medical Payments \$ \_\_\_\_\_  Property Protection (Michigan Only) \$ \_\_\_\_\_
- Property Damage Buyback (Michigan Only)  Physical Damage Total Insured Value \$ \_\_\_\_\_
- Non-Owned Trailer Physical Damage: Max Value \$ \_\_\_\_\_

Max # of non-owned trailers in possession at any one time: \_\_\_\_\_

Trailer Interchange: Max Trailer Value \$ \_\_\_\_\_ # of Trailer Days per Power Unit: \_\_\_\_\_

# Power Units under Agreement: \_\_\_\_\_

Cargo: Please complete Colony Cargo Supplemental Application.

Broadened Pollution (Not available in FL)

Indicate which For-Hire Auto Physical Damage Coverages are requested (coverages not available in FL):

- Downtime Opt 1 or Opt 2  Tapes, Records & Discs
- Rental Reimbursement  Personal Effects
- Electronic Equipment  Single Deductible per loss/Occurrence
- Hired Auto Liability: Estimated Cost of Hire \$ \_\_\_\_\_ OR  Contract Requirement Only
- Non-Owned Liability: # Employees: \_\_\_\_\_
- Hired Auto Physical Damage: Max Value \$ \_\_\_\_\_ # of days: \_\_\_\_\_
- Waiver of Subrogation: Total \_\_\_\_\_  Loss Payees  Additional Insureds

**SECTION III - DESCRIPTION OF OPERATIONS**

**1. Commodities Transported (If Cargo Coverage requested, complete the Colony Cargo Supplement)**

Commodity	%	Max Value	Commodity	%	Max Value

**2. Do you back haul for hire?**  Yes  No If Yes, complete table below:

**(If Cargo Coverage requested, complete the chart below as well as the Colony Cargo Supplement)**

Commodity	%	Max Value	Commodity	%	Max Value

3. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare cargo as a total loss regardless of actual damage in the event of a loss?  Yes  No **If Yes, refer to company**
4. Do you haul containers or containerized freight?  Yes  No **If Yes in the state of CA, submit to company**
5. Do you operate under lease/contract?  Yes  No **If Yes, to whom, and are you responsible for Primary Insurance coverage?** \_\_\_\_\_
6. Do you trip lease to other carriers?  Yes  No **If Yes, refer to company.**
7. Do other carriers trip lease to you?  Yes  No **If Yes, please explain:**  
\_\_\_\_\_

**SECTION IV - AREA OF OPERATIONS**

1. Radius of operation:  0-100  101-300  301-500  501+ explain: \_\_\_\_\_
2. Indicate range of Transport:  Interstate (between states) or  Intrastate (within a state)
3. What is the average annual mileage of your vehicles? \_\_\_\_\_
4. What are the normal areas of operation (List Largest City in each State)? \_\_\_\_\_
5. Do you operate into Canada?  Yes  No **If Yes, how often and which province?** \_\_\_\_\_
6. Do you operate into Mexico?  Yes  No **If Yes, refer to company.**
7. Do you operate over a dedicated route?  Yes  No **If Yes, describe** \_\_\_\_\_
8. **Indicate all locations where you regularly pick-up and drop off loads:**

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Denver	<input type="checkbox"/> Louisville	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Baltimore	<input type="checkbox"/> Detroit	<input type="checkbox"/> Memphis	<input type="checkbox"/> Omaha	<input type="checkbox"/> San Diego
<input type="checkbox"/> Boston	<input type="checkbox"/> Hartford	<input type="checkbox"/> Mexico *	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Seattle
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Houston	<input type="checkbox"/> Miami	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Sacramento
<input type="checkbox"/> Canada	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> San Antonio
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Minneapolis/St Paul	<input type="checkbox"/> Portland	<input type="checkbox"/> Washington DC
<input type="checkbox"/> Chicago	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Nashville	<input type="checkbox"/> Richmond	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Little Rock	<input type="checkbox"/> New England	<input type="checkbox"/> St Louis	
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Las Vegas	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Salt Lake City	
<input type="checkbox"/> Dallas/FT Worth	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New York City	<input type="checkbox"/> San Francisco	

**\*If operating into Mexico, refer to Company**

**SECTION V- FILING INFORMATION**

For prompt and accurate filing, complete information must be given including name, address and Docket No; **EXACTLY** as authority exists. Use separate sheet if necessary. Failure to provide accurate information will result in delays and/or suspensions.

1. DOT# \_\_\_\_\_ ICC# \_\_\_\_\_ Federal ID # \_\_\_\_\_
2. State filings required?  Yes  No **If Yes, indicate states and permit numbers:**  
\_\_\_\_\_

3. Do you operate as a Freight Broker, Freight Forwarder or Arrange Loads for Others?  Yes  No

**If Yes, refer to company.**

4. Is any special filing required such as oversize, overweight, corrosive or hazardous permits?

Yes  No **If Yes, refer to company.**

**SECTION VI - DRIVER INFORMATION**

1. Give name, title & phone number of person responsible for Driver Hiring & Training:

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2. Indicate which Driver Selection Guidelines are in place:

- |  |   |
|--|---|
| <input type="checkbox"/> Written Application             | <input type="checkbox"/> Road Test                  |
| <input type="checkbox"/> Reference Checks                | <input type="checkbox"/> Physical Exam              |
| <input type="checkbox"/> Two years commercial experience | <input type="checkbox"/> Drug Testing               |
| <input type="checkbox"/> CDL required                    | <input type="checkbox"/> MVR Review Prior to Hiring |
| <input type="checkbox"/> Written Test                    | <input type="checkbox"/> Background Check           |

3. What is your minimum driver age requirement? \_\_\_\_\_

4. Describe your accident reporting procedures. \_\_\_\_\_

5. Indicate driver's maximum hours of operation: Daily \_\_\_\_\_ Weekly \_\_\_\_\_

6. Are all drivers covered by Workers Compensation?  Yes  No

If **Yes**; who is the insurance carrier? \_\_\_\_\_. If **No**; the CT4004 must be attached to the policy (the CT4004 is not available for use in the states of VA & KS).

7.

Are all drivers employees of the applicant? <b>If No, refer to company</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Do you use team, hot seat, slip seating or relay driver operation? <b>If Yes refer to company.</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are passengers ever allowed to ride in vehicles other than company employees? <b>If Yes, refer to company</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Are accidents reviewed with at fault driver to discuss corrective or disciplinary action plan?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Is there a written passenger policy in place?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Is there a written safety program currently in use?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are MVR's ordered within 7 days of employment?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Does your safety program include a safety incentive program?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>



6. Do you loan or rent any of your equipment to others?  Yes  No If **Yes**, please explain:

7. Is there specialized equipment attached to any unit? i.e., Cranes, Booms, etc.  Yes  No If Yes, describe:

If more than one unit insured, describe which unit is specially equipped?

**8. Specify safety equipment attached to units:**

- |  |  |
|--|--|
| <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 _____                               |

**9. Vehicle Maintenance Information:**

Is there a written maintenance program?  Yes  No?

Do you service your own vehicles?  Yes  No

If Yes; how many mechanics do you employ? \_\_\_\_\_

If No; give name of repair/service shop used:

\_\_\_\_\_

How often are units serviced? \_\_\_\_\_

Are there service/maintenance logs Kept?  Yes  No

Do drivers conduct pre-trip check of units?  Yes  No

Are Annual State Inspections required?  Yes  No

**10. Vehicle Safety & Overnight Security Information:**

- |  |  |
|--|--|
| <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 _____                           |  |

**11. Additional Interest (attached 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"/> _____		

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"/> _____		

**SECTION VIII – VEHICLE SCHEDULE**

Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
1						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
2						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
3						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
4						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$
Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
5						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$



Unit No.	Model Year	Make & Model	Body Type*	VIN	GCVW	Garaging Location (City, Zip)
6						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$
7						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$
8						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$
9						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$
10						
	Physical	Comp Ded-	SCOL Ded-	Collision Ded-		Stated Amount:
	Damage:					\$

\*Truck Body/Trailer type i.e Tractor, Box van, Flatbed, Lowboy, Tanker, Open Top, etc.

**NOTE: Fleets with more than 10 power units require submission to company.**

**SECTION IX - PREVIOUS INSURANCE AND LOSS EXPERIENCE**

**THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY**

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

Policy Year	Insurance Carrier	Policy #	Coverages Provided	Total Amount of *BI/PD & *APD Claims Paid Including Reserves		Drivers Involved in Loss
				Number of Claims	Amount of Loss	
From						
To						
From						
To						
From						
To						

\*BI/PD=Bodily Injury & Property Damage  
 \*APD=Auto Physical Damage

If risk is a New Venture Operation completion of the Colony New Venture Questionnaire is required for the owner(s) and drivers.

**SECTION X – SIGNATURE SECTION**

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 Signature Date

\_\_\_\_\_  
 Witness Date

**Agent:**  
 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 Telephone Number License #

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Agents Signature Date

**GENERAL FRAUD STATEMENT**  
**(Not applicable in Colorado, Ohio and Oregon)**

Any person who knowingly and with intent to defraud any insurance company or another 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 and subject the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**Applicable in 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 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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**Applicable in Ohio**

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

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**Applicable in Oregon**

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 may be guilty of Insurance Fraud.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YY)

**SECTION XI- INFORMATION SECTION**

**1. LONGER COMBINATION VEHICLES (LCVs):**

**Note: Colony Transportation is not a market for LCVs**

What are Longer Combination Vehicles (LCVs)? Longer combination vehicles, commonly called "LCVs," are tractor-trailer combinations with two or more trailers that may exceed 80,000 pounds gross vehicle weight (GVW). LCVs typically include three vehicle types:

		APPROXIMATE LENGTH (ft)			
			TRAILER NUMBER		
TYPE	WEIGHT (lbs)	OVERALL Length (includes tractor)	1	2	3
Rocky Mountain Double	105,000	95	48	28	--
Turnpike Double	135,000	120	48	48	--
Triple Trailer	110,000	110	28	28	28

Information obtained from the CA Department of Transportation web-site

**2. DRIVER REQUIREMENTS:**

For rating purposes, we look at all moving violations occurring within a three (3) year period of the proposed policy effective date. However, when underwriting the account, we take into consideration all violations listed on the driver’s motor vehicle record. A driver with a history of moving violations with no signs of improvement; is not an acceptable driver for this program.

- **Submit drivers with the following moving violations:**
  - A combination of three (3) or more Category A & B violations
  - 1 Category C (serious) violations
  - With a prior suspended or revoked license. Provide full details of the circumstances surrounding the suspension or revocation
- **Decline drivers with the following:**
  - CDL Learners Permits when a CDL is required to operate the unit
  - With more than one DUI/DWI
  - Under the age of 23 years old
  - 2 or more Category C (serious) violations
  - 3 or more At-Fault accidents
  - Requiring a SR-22 filing or other proof of financial responsibility certification
  - Any Category D violations appearing on the Motor Vehicle Record

### 3. MOVING VIOLATION CATEGORIES:

#### CATEGORY A (Non-Serious Violations)

- Defective Vehicle or Equipment
- Driving with No or Improper License
- Failure to Obey Traffic Control Devices
- Failure to Secure Load
- Failure to Signal
- Failure to Yield
- Improper Lane Use
- Improper Lights
- Improper Passing
- Improper Turn
- Load Spill/Shift/Drop
- **Maintenance of Lamps/Lights**

#### CATEGORY B (Standard Violations)

- At-Fault Accidents
- Careless or Imprudent/Inattentive Driving
- Driving Too Fast for Conditions
- Driving the Wrong-Way on One-Way Street
- Driving on Wrong Side of the Road
- Failure to Maintain Control

#### CATEGORY C (Serious Violations) - SUBMIT

- All Alcohol Related Offenses
- All Drug Related Offenses
- Habitual Offender
- Ignition Control Device Required (This may appear as a License Type or as a Violation)
- Multiple Past Suspensions on MVR

#### CATEGORY D - DECLINE

- Eluding Police
- Failing to Stop for Accident
- Felony with a Motor Vehicle
- Hit-and-Run
- Leaving the Scene of Accident

- **Other Misc. state specific moving violations**
- Obstructed View
- Oversize or Overweight
- **Seat Belt Violation**
- Speeding 1-14 mph (except IA)
- Speeding 11-14 miles over in 35-55 MPH Zone (IA only)
- Unlawful Use of Drivers License
- **Use of Hand-Held Cell Phone while Operating a Motor Vehicle**

- Following Too Close
- Illegal or Improper Backing
- Speeding 15-28 MPH
- **Texting while Operating a Motor Vehicle**

- Open Container
- Out of Service (OOS) Suspensions
- Reckless or Unsafe Driving
- Speeding 29+ MPH

- License currently suspended or revoked—submit to company when reinstated
- **Manslaughter with a motor vehicle**
- Negligent Homicide
- Racing or Speed Contest