

- ☐ Interstate Fire & Casualty Company
☐ Chicago Insurance Company
☐ Interstate Indemnity Company
☐ Fireman's Fund County Mutual Insurance Company

Renewal Application Commercial Automobile Liability

Because we wish to issue a renewal policy, which is correct in all respects, we ask that you complete this application completely and carefully. The application must be signed by Applicant and Agent. "Same" is not an acceptable answer.

*** State supplements are attached if required by the governing state. ***

General Information

Renewal of Policy Number _____

Renewal Effective Date _____

Is this a change from expiring?

1. Name of Insured _____
☐ Individual ☐ Partnership ☐ Corporation
2. Mailing Address _____
3. Principal Garaging _____
4. Do you carry Worker's Compensation? ☐ Yes ☐ No. If Yes, Company _____
 Policy Number _____. If No, do you have any employees? ☐ Yes ☐ No

Description and Area of Operations

5. List all states operated into _____
6. List largest cities entered _____
7. Radius of operations (miles): ☐ 0 – 50 ☐ 51 – 100 ☐ 101 – 200 ☐ 201 – 300.
8. Number of vehicles operated:
 Owned: Pick-Ups _____, Trucks, _____ Tractors _____, Semi-Trailers _____, Full Trailers _____.
 Leased: Pick-Ups _____, Trucks _____, Tractors _____, Semi-Trailers _____, Full Trailers _____.
9. Do you hire equipment? ☐ Yes ☐ No. If Yes, what is the estimated annual cost of hire? _____
 Do you loan or rent any of your equipment to others? ☐ Yes ☐ No. If Yes, give percentage _____
 Do you interchange equipment with other carriers? ☐ Yes ☐ No. If Yes, give details _____
10. Do you backhaul? ☐ Yes ☐ No. If Yes, what is hauled? _____
11. List all types of cargo hauled _____
 Do you have the authority to transport: (a) non-hazardous properties? ☐ Yes ☐ No; (b) oil or hazardous substances? ☐ Yes ☐ No; (c) hazardous properties materials or wastes? ☐ Yes ☐ No.
12. Are you a: Private Carrier? ☐ Yes ☐ No; Common Carrier? ☐ Yes ☐ No; Contract Hauler? ☐ Yes ☐ No.
 If Yes, for whom? _____
13. If additional coverage(s) are being added to this policy, please complete the following for the past 3 years:

Coverages	From-Mo/Yr	To-Mo/Hr.	Company Name	Policy No.	No. of Claims	Amount Incurred/Details

A. Have any of these coverages been: Cancelled? ☐ Yes ☐ No; Refused? ☐ Yes ☐ No; or Non-Renewed? ☐ Yes ☐ No. If Yes, give company name, date and reason _____

Driver Information

14. Complete for all current drivers (if not enough space, attach list):

Driver's Name	Date of Birth	Years Driving Same Type Veh.	Date of Hire	Driver's License No. & State Where Licensed	Years Licensed	Accident & Violation in the Last Three Years

15. Will passengers be carried? ☐ Yes ☐ No. If Yes, explain _____
16. Do you agree to promptly report all driver changes to agent? ☐ Yes ☐ No
17. Are you familiar with the U.S. Department driver regulations effective 1/1/71 and the Motor Carrier Act of 1980?
☐ Yes ☐ No. If Yes, are you complying with such regulations? ☐ Yes ☐ No

Limits of Liability

Bodily Injury: \$ _____ per Person; \$ _____ Each Occurrence

Property Damage: \$ _____ Each Occurrence

Combined Single Limits: \$ _____; Uninsured Motorists: \$ _____

BI /PD Deductible: \$ _____

Schedule of Equipment

Unit #	Model Year	Trade Name	Body Type*	Gross Vehicle Weight	Serial Number	Maximum Radius	Current Value

*Body Types: PU - Pick-Up; T - Truck; TD - Truck, Dump; TRD - Tractor, Dump; ST - Semi-Trailer; STD - Semi-Trailer, Dump; FT - Full Trailer; TT - Tank Trailer

Loss Payable and Full Address _____

Additional Named Insured and Interest _____

Certificate Holder _____

Filing Information

For prompt and accurate filing, complete and accurate information must be given including name, address and Docket No. under which authority exists. Use separate sheet if necessary. Failure to do so will result in delays and suspensions.

18. Do you hold an I.C.C. permit? ☐ Yes ☐ No. If yes, Docket Number _____

19. Is any special filing required such as oversize, overweight, city permit? ☐ Yes ☐ No. If yes, give details _____

20. Do you hold broker authority? ☐ Yes ☐ No

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 Signature / Title _____ Telephone Number _____ 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 _____ Agent's Signature _____

Address _____ Dated _____

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 subject to civil or criminal penalties.