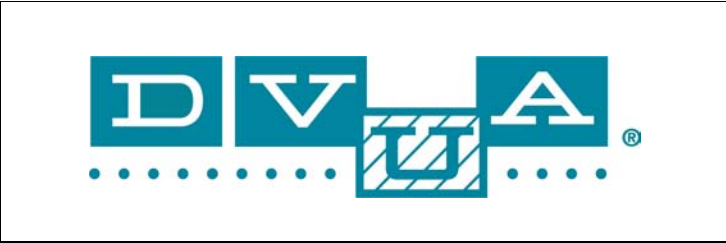


# Contingent Liability Application (Bobtail & Deadhead)



Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

1. Name (and "dba") \_\_\_\_\_  
 Individual/Proprietorship    Partnership    Corporation    Other      Business Phone Number \_\_\_\_\_
2. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Premises Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Person to contact for inspection (name and phone number) \_\_\_\_\_
5. Have you ever had insurance with one of the companies listed at the top of this page?  Yes    No  
 If yes, Policy Number(s) \_\_\_\_\_ Effective Date(s) \_\_\_\_\_

## DESCRIPTION OF OPERATIONS

6. Describe business \_\_\_\_\_  
 Years experience \_\_\_\_\_ New Venture?  Yes    No      Seasonal?  Yes    No
7. Is this your primary business?  Yes    No      If no, explain \_\_\_\_\_
8. Have you ever filed for Bankruptcy?  Yes    No      If yes, when \_\_\_\_\_ Explain \_\_\_\_\_
9. Gross receipts last year \_\_\_\_\_ Estimate for coming year \_\_\_\_\_      Business for sale?  Yes    No
10. Do you operate in more than one state?  Yes    No      If yes, list states \_\_\_\_\_
11. Show largest cities entered: \_\_\_\_\_      Do you pull double trailers?  Yes    No      Triple trailers?  Yes    No
12. Do you operate over a regular route?  Yes    No      If yes, show towns operated between: \_\_\_\_\_
13. List all types of cargo hauled: \_\_\_\_\_  
 Principal commodities outbound \_\_\_\_\_ Backhaul commodities \_\_\_\_\_
14. Do you haul any hazardous or extra hazardous substances or materials as defined by EPA?  Yes    No  
 If yes, provide complete listing identifying all material(s) and/or chemical content: \_\_\_\_\_
15. What percent of time are your vehicles operating under lease or dispatch? \_\_\_\_\_
16. Equipment is under permanent/long term lease to \_\_\_\_\_
17. How many companies have you been leased to in the last three years? \_\_\_\_\_
18. Do you lease to anyone else?  Yes    No      If yes, percent of time \_\_\_\_\_ %, for whom and explanation \_\_\_\_\_
19. Do you trip lease on back hauls to others?  Yes    No      If yes, percent of time \_\_\_\_\_ %, for whom and explanation \_\_\_\_\_

## LIABILITY COVERAGE — Complete for desired coverages by indicating limits of insurance.

| LIABILITY                     |               |               |                 | Medical Payments | Personal Injury Protection (where applicable) | IF PHYSICAL DAMAGE COVERAGE DESIRED, REFER TO FOLLOWING PAGE.<br><br>IF IN-TOW COVERAGE DESIRED, COMPLETE TOW TRUCK SUPPLEMENT. |
|-------------------------------|---------------|---------------|-----------------|------------------|---|---|
| Combined Single Limit BI & PD | Split Limits  |               | Property Damage |                  |   |   |
|                               | Bodily Injury | Each Accident |                 |                  |   |   |
|                               | Each Person   | Each Accident | Each Accident   |                  |   |   |
|                               |               |               |                 |                  |   |   |

**APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

## DRIVER INFORMATION — If additional space is needed, attach separate listing.

| Driver's Name | Date of Birth | Driver's Licenses |        |                       |                                | Experience                                    |              |
|---------------|---------------|-------------------|--------|-----------------------|--------------------------------|---|--------------|
|               |               | State             | Number | Class/Type (i.e. CDL) | Years Licensed (in Class/Type) | Type of Unit (Bus, Van, Truck, Tractor, etc.) | No. of Years |
| 1.            |               |                   |        |                       |                                |   |              |
| 2.            |               |                   |        |                       |                                |   |              |
| 3.            |               |                   |        |                       |                                |   |              |
| 4.            |               |                   |        |                       |                                |   |              |
| 5.            |               |                   |        |                       |                                |   |              |

| DRIVER INFORMATION (Continued) — If additional space is needed, attach separate listing. |              |   |         |                   |         |   |         |  |
|--|--------------|---|---------|-------------------|---------|---|---------|--|
| No. Years Previous Commercial Driving Experience   | Date of Hire | Accidents and Minor Moving Traffic Violations in Past 5 Years |         |                   |         | Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony) |         | Employee (E)<br>Ind. Cont. (IC)<br>Owner/Op. (O/O)<br>Franchisee (F) |
|  |              | No. of Accidents  | Date(s) | No. of Violations | Date(s) | Describe Conviction   | Date(s) |  |
| 1.   |              |   |         |                   |         |   |         |  |
| 2.   |              |   |         |                   |         |   |         |  |
| 3.   |              |   |         |                   |         |   |         |  |
| 4.   |              |   |         |                   |         |   |         |  |
| 5.   |              |   |         |                   |         |   |         |  |

**PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.**

20. Are drivers covered by Workers Compensation?  Yes  No If yes, name of carrier \_\_\_\_\_
21. Minimum years driving experience required \_\_\_\_\_ Are vehicles owner-driven only?  Yes  No
22. Are drivers ever allowed to take vehicles home at night?  Yes  No If yes, will family members drive?  Yes  No
23. Do you order MVR's on all drivers prior to hiring?  Yes  No Driver's maximum driving hours \_\_\_\_ daily, \_\_\_\_ weekly
24. Do you agree to report all newly hired operators?  Yes  No
25. What is the basis for driver(s) pay?  Hourly  Trip  Mileage  Other, Explain \_\_\_\_\_

**SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance.**

| Veh. No. | Model Year | Vehicle Make & Model | Body Type (i.e. Truck, Tractor, Trailer, etc.) | Full Vehicle Identification Number | Gross Vehicle Weight (GVW) | Total # of rear axles | Principal Garaging Location (city & state) | Radius of Operation | Annual Mileage Per Vehicle | (A) Anti-Lock Brakes, (B) Air Bags |
|----------|------------|----------------------|--|------------------------------------|----------------------------|-----------------------|--|---------------------|----------------------------|------------------------------------|
| 1        |            |                      |  |                                    |                            |                       |  |                     |                            |                                    |
| 2        |            |                      |  |                                    |                            |                       |  |                     |                            |                                    |
| 3        |            |                      |  |                                    |                            |                       |  |                     |                            |                                    |
| 4        |            |                      |  |                                    |                            |                       |  |                     |                            |                                    |
| 5        |            |                      |  |                                    |                            |                       |  |                     |                            |                                    |

26. Will lessor be added as additional insured?  Yes  No If yes, give name and address of lessor for each vehicle \_\_\_\_\_
27. Number of vehicles owned: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_
28. Number of vehicles leased: Pick-Ups \_\_\_\_\_ Trucks \_\_\_\_\_ Tractors \_\_\_\_\_ Semi-Trailers \_\_\_\_\_ Trailers \_\_\_\_\_ Pup Trailers \_\_\_\_\_

**PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above.**

| Veh. No. | Date Purchased | Cost When Purchased | Current Stated Value (excluding permanently attached equipment) | Value of Permanently Attached Special Equipment | Total Stated Amount to be Insured | Physical Damage Deductible   |           | Cargo Limit of Insurance |
|----------|----------------|---------------------|---|---|-----------------------------------|--|-----------|--------------------------|
|          |                |                     |   |   |                                   | <input type="checkbox"/> Comprehensive<br><input type="checkbox"/> Spec. C of Loss | Collision |                          |
| 1        |                |                     |   |   |                                   |  |           |                          |
| 2        |                |                     |   |   |                                   |  |           |                          |
| 3        |                |                     |   |   |                                   |  |           |                          |
| 4        |                |                     |   |   |                                   |  |           |                          |
| 5        |                |                     |   |   |                                   |  |           |                          |

29. Any loss payees?  Yes  No If yes, give name and address of mortgagee/loss payee for each vehicle \_\_\_\_\_

**LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years.**

| Policy Term |     | Insurance Company Name | No. of Motor Powered Vehicles | No. of Accidents | Premium |          | Total Amount Claims Paid & Reserves |    |           |       |
|-------------|-----|------------------------|-------------------------------|------------------|---------|----------|-------------------------------------|----|-----------|-------|
| From        | To  |                        |                               |                  | Liab    | Phys Dam | BI                                  | PD | Comp/Coll | Other |
| / /         | / / |                        |                               |                  |         |          |                                     |    |           |       |
| / /         | / / |                        |                               |                  |         |          |                                     |    |           |       |
| / /         | / / |                        |                               |                  |         |          |                                     |    |           |       |

30. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_
31. Have you ever been declined, cancelled or non-renewed for this kind of insurance?  Yes  No If yes, date and why \_\_\_\_\_

# VIRGINIA NOTICE

## Regarding

### Uninsured Motorists Coverage and Medical Expense and Income Loss Benefits

UNINSURED MOTORISTS COVERAGE provides protection for persons who are legally entitled to recover damages because of bodily injury (including resulting death) or damage to property (property damage\*) from an owner or operator of an uninsured motor vehicle.

This coverage is included in your policy at limits equal to the policy's bodily injury liability limits. You may, however, reject such increased limits and select any limits lower than the policy's liability limits, but not less than the minimum financial responsibility limits.

UNDERINSURED MOTORISTS COVERAGE is included if you purchased additional limits of Uninsured Motorists Coverage, to provide protection for persons who are legally entitled to recover damages because of bodily injury (including resulting death) or damage to property (property damage\*) from an owner or operator of an insured motor vehicle, whose Liability Coverage limits were, at the time of loss, less than the injured person's Uninsured Motorists Coverage limits.

To be certain that your policy is issued correctly, please indicate your choice ("X" indicates your choice) of the options available, then sign and date this form as your acknowledgment of your choice.

#### UNINSURED MOTORISTS COVERAGE PURCHASE OPTION

**Additional limits - Uninsured Motorists Coverage (including Underinsured Motorists Coverage).** I have had this coverage fully explained to me and I wish to purchase additional limits of Uninsured Motorists Coverage, at the following limits, which do not exceed the Liability Coverage limits of my policy:

##### Split limit policies - Total Limits (basic and additional) - Uninsured Motorists Coverage:

\$ \_\_\_\_\_ per person, \$ \_\_\_\_\_ per accident Bodily Injury and \$ \_\_\_\_\_ per accident \*Property Damage  
Uninsured Motorists Coverage;  
or,

##### Single limit policies - Total Limit (basic and additional) - Uninsured Motorists Coverage:

\$ \_\_\_\_\_ per accident, combined single limit Bodily Injury and \*Property Damage Uninsured Motorists Coverage.

\*Property Damage Uninsured Motorists Coverage is subject to a \$200 per accident deductible.

#### OPTIONAL COVERAGE or LIMITS REJECTION of UNINSURED MOTORISTS COVERAGE

**Rejection of additional limits Uninsured Motorists Coverage (including Underinsured Motorists Coverage).** I have had this coverage fully explained to me and I do not wish to purchase additional limits of Uninsured Motorists Coverage. I understand that by selecting this option I waive any and all State Statutory protection afforded with regard to additional limits of this coverage.

#### MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

**Medical Expense Benefits** - Choose one:

**Reject**  
 **Accept**      If accepting, choose one:     \$500       \$1000       \$2000       \$5000

**Income Loss Benefits** - Choose one:

**Reject**  
 **Accept**

I have indicated my choice above ("X" indicates my choice):

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Named Insured (Representing all Insureds)

(Until you advise us otherwise in writing, your choice, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the FHWA requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed?  Yes  No If yes, with whom? \_\_\_\_\_

**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.**

\_\_\_\_\_  
Witness Applicant's Signature Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Is this direct business to your office? \_\_\_\_\_ If not, explain: \_\_\_\_\_  
Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_  
How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote  Please bind at earliest possible date and issue policy  
 Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)  
\_\_\_\_\_  
Applicant's Representative's Name and Address Phone No.



**Delaware Valley Underwriting Agency, Inc.**

**ADDENDUM TO APPLICATION**

Insured's/Applicant's Name: \_\_\_\_\_

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

**APPLICABLE IN THE STATE OF PENNSYLVANIA:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN THE STATE OF NEW YORK:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICABLE IN ALL OTHER STATES:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

**I have read and accept the above (To be signed by the Insured/Applicant)**

\_\_\_\_\_  
Insured/Applicant Signature

\_\_\_\_\_  
Date