

- NATIONAL INDEMNITY COMPANY
- NATIONAL FIRE & MARINE INSURANCE COMPANY
- NATIONAL LIABILITY & FIRE INSURANCE COMPANY
- NATIONAL INDEMNITY COMPANY OF MID-AMERICA
- WESCO-FINANCIAL INSURANCE COMPANY
- REDWOOD FIRE AND CASUALTY INSURANCE COMPANY
- KANSAS FIRE & CASUALTY COMPANY
- COLUMBIA INSURANCE COMPANY

SUBMIT TO: **DVUA North Carolina, Inc.**
2302 W. Meadowview Rd., Ste 208
Greensboro, NC 27407
Ph: (336) 235-2704 or 1-800-499-3361
Fax: (336) 235-2708 or 1-877-847-6644

(General Agent)

TRUCK APPLICATION

- 1 Name of Applicant _____
- 2 a Address of Applicant _____
 (Number) (Street) (City) (County) (State) (Zip Code)
- b Address where vehicles are garaged if different than address of applicant _____
- 3 Applicant is. Individual/Proprietorship Partnership Corporation
- 4 a Description of business to be covered? _____ Years experience in this business? _____
- b Is this your primary business? Yes No If no, explain. _____
- 5 Coverage to be effective from _____ to _____
- 6 Person to contact for inspection (name and phone number) _____
7. Is this a new operation? Yes No Is your operation currently for sale? Yes No Seasonal in nature? Yes No
- 8 Give estimate of financial worth \$ _____ Gross receipts last year' _____ Estimate for coming year' _____
- 9 Have you filed for Bankruptcy within the last 5 years or do you contemplate doing so? Yes No If yes, provide details _____
- 10 Have you under this name or any other name been insured with any of the above listed companies? Yes No If yes, explain: _____

DESCRIPTION AND AREA OF OPERATIONS

- 11 Define normal areas of operations: _____
- 12 Do you operate over a regular route? _____ If so, show towns operated between: _____
- 13 Maximum radius operated by all trucks? 50 51-200 Over 200
- 14 Do you haul for hire? Yes No
- 15 Are you a common carrier? _____ Contract hauler' _____ If yes, for whom? _____
- 16 List all kinds and types of cargo hauled _____
- 17 Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? _____ If yes, what type(s) materials is being hauled' (give complete listings, naming material(s) and/or chemical content _____
- 18 Do you haul your own cargo exclusively? _____ If not, who owns it? _____
- 19 Do you pull double trailers? Yes No Triple trailers? Yes No
- 20 Number of vehicles owned Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Dollies _____
- 21 Number of vehicles leased Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Dollies _____
- 22 Is our policy to cover all vehicles owned, operated or under lease to applicant' Yes No If no, explain _____
- 23 Do you rent or lease your vehicles to others? _____ If yes, attach copy of rental or lease agreement form used
- 24 Do you hire any vehicles? Yes No If yes and hired and non-owned coverage is desired, complete M-4055 and submit to Company

PREVIOUS INSURANCE CARRIER AND LOSS EXPERIENCE

25 Provide prior insurance carriers information for past full three years. List in order with most recent carrier first

| Policy Term | | Insurance Company Name | Policy Number | Number of Motor Powered Vehicles | Number of Accidents | Premium | | Total Amount Claims Paid & Reserves | | | |
|-------------|-----|------------------------|---------------|----------------------------------|---------------------|---------|----------|-------------------------------------|----|------|-------|
| From | To | | | | | Liab | Phys Dam | BI | PD | Coll | Other |
| / / | / / | | | | | | | | | | |
| / / | / / | | | | | | | | | | |
| / / | / / | | | | | | | | | | |

26. Have you ever been declined, cancelled or nonrenewed for this kind of insurance? Yes No If yes, date and why _____
27. 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 _____

DRIVER INFORMATION

28. Does any driver listed have any convictions such as DWI/DUI of alcohol or drugs, license suspensions for moving violations, felonies, hit and run, eluding an officer, reckless/negligent operation of a vehicle, driving while under suspension or revocation or other violations not listed above?
 Yes No If yes, describe (including dates) _____
29. Driver's pay scale is (check all that apply): Union Non-Union Hourly Trip Mileage
 Other, explain: _____
30. Are you familiar with the U.S. Dept. of Transportation driver regulations? Yes No Are you complying with regulations? Yes No
31. Are you familiar with Motor Carrier Act of 1980? Yes No Are you complying with the regulations? Yes No
32. Are the drivers covered by Workers' Compensation Insurance? Yes No Name of Carrier _____
33. Do you agree to report all newly hired operators? Yes No Do you screen all drivers prior to hiring? Yes No
34. **SCHEDULE OF DRIVERS**

| Driver's Name | Date of Birth | Driver License No. | State Where Licensed | No. of Years Driving Experience | Years Experience Driving Trucks | Length of Present Emp. | Married (Y or N) | List All Violations/Convictions in Past 5 Years | List All Accidents in Past 3 Years |
|---------------|---------------|--------------------|----------------------|---------------------------------|---------------------------------|------------------------|------------------|---|------------------------------------|
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INSURANCE NEEDS

35. **COMPLETE FOR DESIRED COVERAGES BY INDICATING LIMITS OF INSURANCE**

| Combined Single Limit BI & PD | Liability | | | Uninsured Motorists | | | Underinsured Motorists | | | Medical Payments | Personal Injury Protection | Physical Damage |
|-------------------------------|---------------|---------------|-----------------|----------------------------|--------------|---------------|----------------------------|--------------|---------------|------------------|----------------------------|-----------------|
| | Split Limits | | | Single Limit Each Accident | Split Limits | | Single Limit Each Accident | Split Limits | | | | |
| | Bodily Injury | | Property Damage | | Each Person | Each Accident | | Each Person | Each Accident | | | |
| | Each Person | Each Accident | Each Accident | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

OPTIONAL COVERAGES (Supplement must be completed if coverage desired.) The Supplement is a part of the Application and will be relied upon by the Company as an integral part of the application. *Hired Car, Non-Owned Coverage – Supplement M-4055; Mobile Home Modular Home Transporter Coverage – Supplement M-2648; In-Low Coverage – Supplement M-4367; Cargo Coverage – Supplement M-4413.*

36. **SCHEDULE OF AUTOS/VEHICLES TO BE COVERED (Information must be provided on all vehicles to be covered.)**

| Auto No. | DESCRIPTION | | | | Licensed* Weight | Anti-Lock Brakes (A), Airbags (B) or Anti-Theft Devices (C) | Estimated Annual Mileage | Use** S) Service R) Retail C) Comm B) Bus. Use PP | Maximum Radius of Operations (miles) |
|----------|-------------|------------|--|-------------------------------------|------------------|---|--------------------------|---|--------------------------------------|
| | Year Model | Trade Name | Body Type (Truck, Tractor, Truck-Tractor, Trailer, Semi-Trailer, Other - Describe) | Serial No. (S) Vehicle ID No. (VIN) | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |

*Licensed Weight – Gross Vehicle Weight (GVW) or Gross Combined Weight (GCW) weight of vehicle and load.
 **Vehicle Use: S) Service – Transportation of Personnel, Tools, and Equipment and usually parked at job site. C) Commercial – All other.
 R) Retail – House to house delivery. B) Private Passenger Vehicles Used in business.

37.

COMPLETE THESE SPACES ONLY IF PHYSICAL DAMAGE COVERAGE DESIRED

| Auto No. | Town & State Where Principally Garaged | If Lessor to be Added as Additional Insured Show Name of Lessor for Each Vehicle, Where Applicable | Date Purchased Mo/Yr | Cost When Purchased | Value of Vehicle Excluding Permanently Attached Special Equipment | Value of Permanently Attached Special Equipment | Specified Causes of Loss | | Collision | |
|----------|--|--|----------------------|---------------------|---|---|--------------------------|------------|-------------------------------|------------|
| | | | | | | | Amount of Insurance | Deductible | Amount of Insurance ACV or SA | Deductible |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |

38. **ANY LOSS PAYEES?** Yes No If yes, indicate for which vehicle(s) and give name and address of loss payees: _____

39. Check box for each state in which you currently operate.
Check circle for states where filing certificates are required.

- | | | | | | | |
|---|---|---|---|---|---|---|
| AK <input type="checkbox"/> <input type="radio"/> | DC <input type="checkbox"/> <input type="radio"/> | IN <input type="checkbox"/> <input type="radio"/> | MI <input type="checkbox"/> <input type="radio"/> | NE <input type="checkbox"/> <input type="radio"/> | OR <input type="checkbox"/> <input type="radio"/> | TX <input type="checkbox"/> <input type="radio"/> |
| AL <input type="checkbox"/> <input type="radio"/> | DE <input type="checkbox"/> <input type="radio"/> | KS <input type="checkbox"/> <input type="radio"/> | MN <input type="checkbox"/> <input type="radio"/> | NH <input type="checkbox"/> <input type="radio"/> | OK <input type="checkbox"/> <input type="radio"/> | UT <input type="checkbox"/> <input type="radio"/> |
| AR <input type="checkbox"/> <input type="radio"/> | FL <input type="checkbox"/> <input type="radio"/> | KY <input type="checkbox"/> <input type="radio"/> | MO <input type="checkbox"/> <input type="radio"/> | NJ <input type="checkbox"/> <input type="radio"/> | PA <input type="checkbox"/> <input type="radio"/> | VA <input type="checkbox"/> <input type="radio"/> |
| AZ <input type="checkbox"/> <input type="radio"/> | GA <input type="checkbox"/> <input type="radio"/> | LA <input type="checkbox"/> <input type="radio"/> | MS <input type="checkbox"/> <input type="radio"/> | NM <input type="checkbox"/> <input type="radio"/> | RI <input type="checkbox"/> <input type="radio"/> | VT <input type="checkbox"/> <input type="radio"/> |
| CA <input type="checkbox"/> <input type="radio"/> | IA <input type="checkbox"/> <input type="radio"/> | MA <input type="checkbox"/> <input type="radio"/> | MT <input type="checkbox"/> <input type="radio"/> | NV <input type="checkbox"/> <input type="radio"/> | SC <input type="checkbox"/> <input type="radio"/> | WA <input type="checkbox"/> <input type="radio"/> |
| CO <input type="checkbox"/> <input type="radio"/> | ID <input type="checkbox"/> <input type="radio"/> | MD <input type="checkbox"/> <input type="radio"/> | NC <input type="checkbox"/> <input type="radio"/> | NY <input type="checkbox"/> <input type="radio"/> | SD <input type="checkbox"/> <input type="radio"/> | WI <input type="checkbox"/> <input type="radio"/> |
| CT <input type="checkbox"/> <input type="radio"/> | IL <input type="checkbox"/> <input type="radio"/> | ME <input type="checkbox"/> <input type="radio"/> | ND <input type="checkbox"/> <input type="radio"/> | OH <input type="checkbox"/> <input type="radio"/> | TN <input type="checkbox"/> <input type="radio"/> | WV <input type="checkbox"/> <input type="radio"/> |
| | | | | | | WY <input type="checkbox"/> <input type="radio"/> |

40. Show largest cities entered in each state where box is checked above _____

FILING INFORMATION

Are you required to file evidence of Automobile Liability insurance with any Federal, State, County, Municipal, Town or other authorities? Yes No
If yes, complete the following:

41. (a) Do you have an ICC Permit? Yes No If yes, Docket Number _____ Common Contract
(b) Do you hold a brokers license? Yes No If yes, name filed with ICC, ICC docket number and receipts from brokerage operation _____

42. Show exact name and address in which permits are issued: _____

43. (a) Are commodities hauled oversize or overweight? Yes No Are Oversize/Overweight filings needed? Yes No If yes, show states: _____
(b) Are escort vehicles towed on return trips? Yes No

44. Is MCS 90 endorsement needed? Yes No

45. Maximum number of D and D-1 cab cards (bingo cards) for any one state: Total No. _____ State _____ No. of D _____ No. of D-1 _____

46. (a) Do you: Trip Lease? Yes No Master Lease? Yes No Other Lease? Yes No
If yes, explain: _____

(b) Do you barter, hire or lease any vehicles? Yes No If yes, attach a copy of all current lease agreements and complete the following chart.
If barter, explain: _____

| Lease | With Drivers | Without Drivers | Lease Payments | | | Do you provide the Public Liability Insurance? | Do you provide the Workers' Compensation? |
|-------------|--------------|-----------------|----------------|--------------|---------------|--|---|
| | | | Previous Year | Current Year | Upcoming Year | | |
| From Others | | | \$ | \$ | \$ | | |
| To Others | | | \$ | \$ | \$ | | |

(c) If you trip lease from others, do you use only qualified trippers on which you maintain MVR's, copies of physicals and record of vehicle inspection? Yes No

47. Do you appoint agents to operate on your behalf? Yes No If yes, explain: _____
48. Do you lease your authority? Yes No If yes, to whom? _____
49. Does your authority allow for transportation of hazardous commodities? Yes No
50. Do you allow others to haul hazardous commodities under your authority? Yes No
51. Do you operate under any other name? Yes No If yes, explain: _____
52. Have you purchased, sold or applied for additional authority over the past 3 years? Yes No If yes, explain: _____
53. Do you operate as a subsidiary of another company? Yes No If yes, state names of parent and other subsidiaries _____
54. Have you ever lost or had authority withdrawn, or have you been/are under probation by any regulatory authority (ICC, PUC, etc.)? Yes No
If yes, explain: _____
55. Do you have agreements with other carriers for the interchange of equipment or transportation of loads? Yes No If yes, attach a copy of current agreements and complete the following:
- (a) With whom has such agreement(s) been made? _____
- (b) Is there a hold harmless in the agreement(s)? Yes No
- (c) Do the parties named in agreement carry automobile liability insurance? Yes No If yes, name of insurance company _____
Bodily Injury & Property Damage Limits _____
56. Is evidence/certificate(s) of coverage required? Yes No If yes, list to whom and why: _____

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 Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases 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 _____

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 Agent's Office Binding Coverage)

Applicant's Representative's Name and Address _____ Phone No. _____