

STRATFORD INSURANCE COMPANY

WESTERN WORLD INSURANCE COMPANY

TRUCK INSURANCE APPLICATION – PENNSYLVANIA

**A. GENERAL**

Applicant's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Garaging Location(s) if different: \_\_\_\_\_

Applicant:  Individual  Partnership  Corporation  Other \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Nature Of Business: \_\_\_\_\_ Years In Business: \_\_\_\_\_

Years Operating in Your Current Business Name: \_\_\_\_\_ Web Site: \_\_\_\_\_

Have you owned a similar business or had any change in ownership, management or name of your current business during the past 5 years?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your business a subsidiary of another entity or does your business have any subsidiaries?  Yes  No

If yes, provide details: \_\_\_\_\_

**B. COVERAGES REQUESTED (Provide limits where applicable.)**

Liability \_\_\_\_\_

Scheduled Autos  In-Tow (tow trucks)  Physical Damage – See Section G.

Hired Autos  Limit \_\_\_\_\_

Non-Owned Autos  Deductible \_\_\_\_\_

PIP \_\_\_\_\_  Cargo  Comprehensive/Collision

Uninsured Motorists \_\_\_\_\_  Limit \_\_\_\_\_  Other \_\_\_\_\_

Underinsured Motorists \_\_\_\_\_  Deductible \_\_\_\_\_

**C. OPERATIONS**

1. **COMMODITIES TRANSPORTED**

Commodity	Percent of Loads	Maximum Value	Commodity	Percent of Loads	Maximum Value

2. Do you haul any hazardous, flammable, explosive, corrosive or chemical materials?  Yes  No

If yes, please explain: \_\_\_\_\_

3. Are any vehicles equipped with permanently attached equipment such as drills, booms, cranes or other mechanical devices?  Yes  No If yes, please explain: \_\_\_\_\_

4. **Identify Metropolitan Areas Traveled Through Or Into**

Atlanta  Cleveland  Jacksonville  Milwaukee  Philadelphia  San Diego

Baltimore-Washington  Dallas/Fort  Kansas City  Minneapolis/St. Paul  Phoenix  San Francisco

Boston  Denver  Little Rock  Nashville  Pittsburgh  Seattle

Buffalo  Detroit  Los Angeles  New Orleans  Portland  Tulsa

Charlotte  Hartford  Louisville  New York City  Richmond  \_\_\_\_\_

Chicago  Houston  Memphis  Oklahoma City  St. Louis  \_\_\_\_\_

Cincinnati  Indianapolis  Miami  Omaha  Salt Lake City  \_\_\_\_\_

Cities other than above or regular routes \_\_\_\_\_



**E. PRIOR INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)**

Policy Dates	Insurance Carrier	Policy #	Premium	Average No. of Power Units	*Total Liability Claims		*Total Physical Damage Claims		Cancelled or Non-Renewed? (Reason)
					#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	

\*This section should be completed unless you have attached loss runs for all years. Please describe any loss over \$25,000:  
 \_\_\_\_\_  
 \_\_\_\_\_

Any drivers involved in more than one claim?  Yes  No Who? \_\_\_\_\_  
 If yes, is that driver currently employed?  Yes  No

<b>F. VEHICLE INFORMATION (Add additional sheet, if necessary)</b>	<b>G. PHYSICAL DAMAGE</b>
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	Model Year/Make	Body type (tractor, truck, type of trailer)	Vehicle ID no.	GVW	Month/Year of Purchase	Cost at Purchase	Amount of Insurance (Must equal present value)	Deductible	*Loss Payee (Y/N)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									

\*Please list name and address of loss payees by vehicle: \_\_\_\_\_  
 \_\_\_\_\_

Do you have a regular vehicle inspection and preventive maintenance program?  Yes  No

If yes, please describe: \_\_\_\_\_

Do you own any vehicles which will not be covered under this policy?  Yes  No

If yes, please list all vehicles not covered and the insurance carrier covering those vehicles: \_\_\_\_\_  
 \_\_\_\_\_

**H. AGREEMENTS AND SIGNATURES**

**APPLICANT:** I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. I AGREE TO PROMPTLY REPORT ALL FULL TIME AND PART TIME DRIVERS. MY EMPLOYEES UNDERSTAND THAT MOTOR VEHICLE REPORTS WILL BE ORDERED. ON THEIR BEHALF, I AUTHORIZE THE INSURER TO ORDER THESE REPORTS ON EACH DRIVER I EMPLOY OR CONTRACT. THIS APPLICATION ALONE DOES NOT BIND COVERAGE. **I UNDERSTAND THAT THIS POLICY DOES NOT PROVIDE ANY COVERAGE IN ONTARIO, CANADA.**

**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.**

Applicant's Signature \_\_\_\_\_

Producer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_