

National Interstate Insurance Company National Interstate Insurance Company HI Triumphe Casualty Company

GENERAL INFORMATION

Broker	Date: _____	Quote Date: _____
Agency: _____	Producer's Name: _____	Email: _____
Effective Date: _____	To: _____	How long has your agency written this applicant? _____

Applicant

Applicant's Legal Name: _____

DBA (if applicable): _____

Street Address: _____
Include City, State and Zip

Mailing Address: _____
If different from street address

Telephone: _____ Email: _____

FEIN/SSN: _____ Website: _____

Have you owned a similar business or had any change in ownership, management or name of your business in the past five 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, please provide details: _____

Owner(s) active in business? Yes No Owner's Name: _____ Years of Experience: _____

Key Management Personnel			
Title	Name	Yrs in Position	Phone
President/CEO	_____	_____	_____
Operations Manager	_____	_____	_____
Safety Director	_____	_____	_____
Years in Business: _____	Under current mgmt since (YYYY): _____		

Other Key Information

Operating Authority <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> Freight Broker	Key Numbers Federal Tax ID/SSN: _____ State Tax ID: _____ MC Docket #: _____ US DOT #: _____
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Additional Named Insureds, Subsidiaries, and Affiliates

Name _____	City _____	State _____
Relationship to Insured _____		
Description of Business _____	US DOT # _____	MC # _____

Name _____	City _____	State _____
Relationship to Insured _____		
Description of Business _____	US DOT # _____	MC # _____

Operations (General) - attach additional sheets if necessary

Describe the business' operations - please be specific:

Current Policy Information

Line	Limit	Deductible	Carrier	Premium
Auto Liability				
Auto Physical Damage				
Cargo				
General Liability				
Excess				

GENERAL INFORMATION - continued

Mandatory Underwriting Questions

During the past 5 years, has your insurance ever been obtained through an Assigned Risk Plan? Yes No
 If yes, please explain: _____

Has any company provided notice of cancellation/non-renewal or otherwise cancelled/refused to renew your insurance, including during the current term? (Question not applicable in Missouri) Yes No
 If yes, please explain and attach a copy of the cancellation/non-renewal notice. _____

Do you provide Workers' Compensation for all employees? Yes No If yes, carrier name: _____
 If no, please explain: _____

Have you ever filed for or contemplated filing for bankruptcy or had bankruptcy proceedings initiated against you by another party? Yes No
 If yes, please explain: _____

Has your operating authority ever been suspended or revoked or have you received notice of intent to suspend? Yes No
 If yes, please explain: _____

Commodity Information

Commodity Type Hauled/Lifted	% of Gross Receipts	Per Unit Avg Value	Per Unit Max Value
	%		
	%		
	%		
	%		

Main Contracts	% of Gross Receipts	Per Unit Avg Value	Per Unit Max Value
	%		
	%		
	%		
	%		

Radius - indicate as a % what amount of your operations fall within the following:

<50 Miles _____ %	50-200 Miles _____ %
201-500 Miles _____ %	501+ Miles _____ %

Most Frequented Major Cities/Routes

From	To	% of Jobs
_____	_____	_____
_____	_____	_____
_____	_____	_____

Maintenance

Maintenance program is provided for Company Vehicles Owner/Operators Others
 Vehicle maintenance is: Internal External (body) Both
 Indicate which of the following you have: Parts Dept Body Shop Service Bays

Are pre/post trip inspections made regularly? Yes No
 Number of full time maintenance personnel: _____
 What records are kept for all vehicles (list): _____
 Describe your vehicle replacement policy: _____

Safety - Attach copy of safety program

Describe the Safety Director's duties: _____
 Describe any safety award program: _____
 How often are safety meetings held? _____ Are meetings mandatory? Yes No
 Is your safety profile ordered regularly? Yes No Is a program in place for dealing with drivers who have accidents? Yes No
 Please describe (or attach documentation for) any program in place for dealing with drivers who have accidents:

Do you maintain an accident register & conduct periodic accident analysis? Yes No
 Are private passenger and/or service vehicles allowed to be used for personal use? Yes No
 What is your policy regarding authorized guest passengers? _____
 What is your policy regarding speeding? _____
 Which of the following are included in driver files? (Check all that apply.)

<input type="checkbox"/> Application	<input type="checkbox"/> Reference Checks	<input type="checkbox"/> MVR	<input type="checkbox"/> Disciplinary Warnings
<input type="checkbox"/> Road Test Results	<input type="checkbox"/> Copy of License	<input type="checkbox"/> Accident Reviews	<input type="checkbox"/> Written Test Results
<input type="checkbox"/> Interview Results	<input type="checkbox"/> Training Records	<input type="checkbox"/> List of Convictions	<input type="checkbox"/> Physical Exam Results

Safety - continued

Are driver files updated annually with information including new MVRs? Yes No

Are there any current drivers with citations for DWI, DUI, or reckless operation? Yes No

How often are drivers reviewed and by whom are they reviewed? _____

What disciplinary action is taken when drivers develop unacceptable records? _____

Driver Information - Please attach driver schedule.

Enter the total number of drivers that are:

Employees: _____ Owner/Operators: _____ Subhaulers: _____ Total Drivers: _____

In the past year, how many drivers were hired: _____ Terminated: _____

What amount of experience is required? Miles: _____ Years: _____ Minimum Age: _____

Wages are based on: Hours Revenue Miles Trips

What is the average annual driver pay? _____ How often are drivers home? _____

Your driver selection procedures include the use of: (check all that apply)

Written Application MVR Check Interview Drug Test

Written Test Pre-Hire Physical Reference Checks Driving Tests

Your driver indoctrination includes: (check all that apply)

Familiarization with equipment Familiarization with routes Procedures for accident reporting

Familiarization with company rules Training in handling commodities

Who administers the driver hiring process? _____ Length of training program: _____

Is the training program required? Yes No Do all drivers have at least 5 yrs of U.S. driving experience? Yes No

Cargo

Desired liability limit per vehicle: \$ _____ Desired Terminal Limit: \$ _____

Desired deductible: \$ _____ Desired Disaster Limit: \$ _____

Is cargo carrying equipment with an alarm system? Yes No

Any red label materials? Yes No Is garbage hauled? Yes No

Is regular DOT bill of lading issued? Yes No If no, attach a copy of form used.

Does applicant haul containerized cargo? Yes No

Physical Damage - A vehicle schedule with the year, make, model, VIN and stated value is required at submission.

Comprehensive/Collision Deductible: \$ _____ Total Stated Values (vehicles and trailers): _____

Total # of Trailers Requiring PD Coverage: _____ Insured requires Trailer Interchange Coverage? Yes No

Trailer Interchange Limit Required: _____ How many trailers are interchanged each month? _____

General Liability

Sq. footage of Lots: _____ Sq. footage of garage facilities: _____ Deductible Requested? \$ _____

Does applicant lease property or mobile equipment to others? Yes No

Does applicant do any rigging? Yes No

Does applicant work on equipment not owned by the company? Yes No

Does applicant have underground or above ground storage facilities? Yes No

Does applicant sell any product either wholesale or retail? Yes No



Fraud Warnings

AL - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

AR - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CO - 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL - Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY - Any person who knowingly and with intent to defraud any insurance company or other 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.

LA - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MD - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NJ - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NY - 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of a claim for each such violation.

OH - 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 is guilty of insurance fraud.

OK - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA - 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.

RI - Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TN - 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.

VA - 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.

WA - 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.

WV - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALL OTHER STATES - Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.

In the State of Illinois, the Religious Freedom Protection and Civil Union Act became effective June 1, 2011. Our policies of insurance comply with this Act, which provides that two persons of the same or opposite sex who form a civil union are entitled to the same benefits and protections provided to spouses.

Applicant's Statement - Important! Read Before Signing.

I, the undersigned (applicant), hereby applies for a policy of insurance as set forth in the application on the basis of information and statements contained in the application, all supporting and supplementary documents, and this application statement. The supporting and supplementary documents and this Applicant's Statement are incorporated into and part of the application. The application, all supporting and supplementary documents, and this Applicant's Statement shall be referred to below as the "Application Materials". If a policy is issued, the Application Materials shall be deemed to be attached to and part of the policy.

Applicant understands and acknowledges the following:

That insurer's receipt and consideration of the Application Materials does not obligate insurer to provide a quotation for insurance to applicant.

That any quotations provided will be issued subject to underwriting approval, and will not constitute an offer by the insurer to insure at the quoted rates or prices unless and until such approval has been issued.

That if the initial premium is paid with a check, the coverage provided by the policy is conditioned upon the check being honored when presented for payment, and that if the check is not honored, the policy shall be deemed void from inception due to a lack of consideration.

Applicant declares that it has carefully reviewed the information and statements made in the Application Materials and that such information and statements are true and correct. Applicant agrees that any policy of insurance that may be issued now or in the future will be issued in reliance on the information, statements, warranties, and representations contained therein, and that the policy and renewals thereof may be declared null and void by insurer if the Application Materials, or future statements or documents provided by or on behalf of Applicant, contain information that is incomplete, false, or misleading.

If Applicant applies for a commercial auto policy that is not rated based on mileage, payroll, or other measure of exposure, Applicant warrants and represents that all vehicles owned by, leased to, or used by the Applicant have been disclosed in the Application Materials or otherwise disclosed in writing to insurer, regardless of whether Applicant intends to schedule such vehicles on the policy issued by insurer. If Applicant applies for a commercial auto policy that is exposure rated, Applicant warrants and represents that all mileage, payroll, or other measure of exposure relating to Applicant's operations have been disclosed in the Application Materials or otherwise disclosed in writing to insurer for all applicable periods of time.

Applicant understands that an inquiry may be made that will provide information concerning general reputation, financial stability and other pertinent financial data, credit history, driving experience, vehicle usage, and other information considered by insurer in deciding to issue a policy, in determining the rates therefore, and in adjusting claims. Applicant authorizes insurer to obtain such reports in connection with this policy and all renewals thereof. Upon written request, Applicant will be informed of the source of any reports considered by the insurer.

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Agency Name: _____

Signature: _____
Broker's Authorized Signature

Date: _____

Applicant's Name: _____

Signature: _____
Applicant's Authorized Signature

Date: _____