



P. O. Box 30527
 Phoenix, Arizona 85046
 (602) 494-6900 (800) 228-1710
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COMMERCIAL VEHICLE APPLICATION

Quote Issue Underwriter's Name:

Applicant (Name, Address, City, State, Zip, Phone)		Producer (Name, Address, Phone and Account Number)	
Fed. I.D. or Social Security #:			
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Business Telephone:		Telephone:	Fax:

Requested Effective Date	From:	To:
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Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (describe)
Applicant's Business:	How long in business?			
Gross Receipts Last Annual Period:	Estimated Receipts Next Annual Period:			
List Products Hauled:	For Whom?			
Do you transport anhydrous ammonia, explosives, gasoline, LPG, acid or hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How frequently is equipment serviced?		By whom?		
Largest Cities Entered:		Mileage of Longest Run:		
Is equipment ever rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is equipment ever hired from others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Units Operated: Owned _____ Hired _____		Is insurance to cover all of these? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Does applicant employ drivers under 25? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are driving records checked and ordered on new drivers at or prior to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many drivers on each truck?	Average hours per day for each driver?	Number of drivers employed less than one year?
Are drivers covered by worker's compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No Carrier?		
HAS INSURANCE OF THE TYPE APPLIED FOR EVER BEEN CANCELED, DECLINED OR RENEWAL REFUSED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain fully on a separate page and attach it to this application. Give names of insurance companies, dates and reasons for cancellation or refusal.)		

LOSS EXPERIENCE AND EXPOSURE INFORMATION (Current and Previous Three Years)

Policy Period From To	Name of Insurance Company	Number of Vehicles	Premium Paid		No. Of Acci- dents	B. I. And Med.	Losses Paid and Reserves		
			Liability & Medical	Physical Damage			Physical Damage	Property Damage	Cargo

Are any filings or certificates of insurance required? Indicate if P.U.C., ICC, Highway Department or other. If so, list and indicate exact name.		
<input type="checkbox"/> ADOT	<input type="checkbox"/> ICC/MS Docket #	<input type="checkbox"/> Other

This application is not binding until a policy is issued and a down payment made. The coverage will be bound as of the commencement date of the policy, in accordance with all terms hereof. The applicant agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant. The same are hereby made the basis and a condition of the insurance.

If the laws or regulations of any city, county, regulatory body, state or states in which the undersigned applicant intends to operate or the Interstate Commerce Commission require a special endorsement or rider to be attached to the policy, the applicant hereby agrees as an inducement to the Company for the issuance of the policy, that if the Company shall be obliged to pay any claim which it would not have been required to pay except for said endorsement, the applicant shall reimburse the Company for any and all claims disbursements of every kind, including loss payments, costs and expenses which it shall have paid in connection with such claim, plus expenses incurred by the Company in enforcing the terms of this agreement. The terms of this agreement shall apply not only to the original policy or policies issued in connection with this application, but also to any renewals or extensions thereof.

CAUTION: READ ABOVE BEFORE SIGNING.

Date: _____

Producer's Signature: _____

Applicant's Signature: _____

Liability: \$ UM/UIM: \$ Cargo: \$ Medical: \$

SCHEDULE OF VEHICLES
Insurance will be afforded only with respect to the coverages indicated by a specific premium charge.

No.	Year Model and Trade Name Body Type (Truck Load, Gallonage, Bus Seating Capacity)	Identification Number	Size Class	Casualty Coverages			Physical Damage Coverages			
				B/UPD Premium	UM/UIM Premium	Cargo Premium	Medical Premium	Fire, Theft, CAC Value	Collision Premium	Collision Premium
1.				\$	\$	\$	\$	\$	\$	ded.
2.				\$	\$	\$	\$	\$	\$	ded.
3.				\$	\$	\$	\$	\$	\$	ded.
4.				\$	\$	\$	\$	\$	\$	ded.
5.				\$	\$	\$	\$	\$	\$	ded.
6.				\$	\$	\$	\$	\$	\$	ded.
7.				\$	\$	\$	\$	\$	\$	ded.
8.				\$	\$	\$	\$	\$	\$	ded.
9.				\$	\$	\$	\$	\$	\$	ded.
10.				\$	\$	\$	\$	\$	\$	ded.
PREMIUM TOTALS				\$	\$	\$	\$	\$	\$	\$

TOTAL PREMIUM FOR ALL COVERAGES: \$ _____

COMMERCIAL AUTO RATING FACTORS

Size Class (Indicate Number on Schedule)		TRUCK/TRACTOR GROSS COMBINATION WEIGHT		TRAILERS	
1. Light 0 - 10,000 Pounds	3. Heavy 20,001 - 45,000 Pounds	5. Heavy 0 - 45,000 Pounds	7. Semi-trailer		
2. Medium 10,0001 - 20,000 Pounds	4. Extra Heavy - Over 45,000 Pounds	6. Extra Heavy - Over 45,000 Pounds	8. Trailer		
VEHICLE USE	<input type="checkbox"/> SERVICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> FARM	
TERRITORY	<input type="checkbox"/> RADIUS CLASS	<input type="checkbox"/> LOCAL (100 MILES)	<input type="checkbox"/> INTERMEDIATE (300 MILES)	<input type="checkbox"/> REGIONAL (500)	<input type="checkbox"/> LONG HAUL (OVER 500 Miles)

DRIVERS NAMES INCLUDING MIDDLE INITIAL	YRS EXP. DRIVING TRUCKS	DRIVER INFORMATION			NUMBER OF ACCIDENTS	NUMBER OF VIOLATIONS	DRIVERS LICENSE NUMBER & STATE
		LENGTH OF EMPLOYMENT	DATE OF BIRTH	DRIVERS LICENSE NUMBER & STATE			

LIENHOLDER: _____
REMARKS _____