



Name of Applicant \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_  
 (Exact Entity)

Address \_\_\_\_\_  
 (Number) (Street) (City) (County) (State) (Zip)

Desired Effective Date \_\_\_\_\_ to \_\_\_\_\_  
 (12:01 a.m. standard time at the address shown above or \_\_\_\_\_ A.M./P.M.)

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

Applicant's Business \_\_\_\_\_ Years Experience in This Business \_\_\_\_\_

Location To Be Inspected (include directions if necessary) \_\_\_\_\_

Inspection Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Estimate of Financial Worth \$ \_\_\_\_\_ Gross Receipts Last Yr. \$ \_\_\_\_\_ Estimate For Next Yr. \$ \_\_\_\_\_

**DESCRIPTION AND AREA OF OPERATIONS**

Describe your operation including products or items hauled and normal routes \_\_\_\_\_

Do you ever: Transport hazardous products? \_\_\_\_ Do repossession? \_\_\_\_ Have emergency Use? \_\_\_\_ Explain YES responses in REMARKS below.

List all states entered: \_\_\_\_\_

Maximum radius \_\_\_\_\_ miles. Largest cities entered or driven through \_\_\_\_\_

Do you haul for others? \_\_\_\_ If yes, for whom? \_\_\_\_\_

Is insurance to apply to all owned and leased vehicles? \_\_\_\_ If not, explain in REMARKS below. Number of vehicles owned \_\_\_\_\_

Do you hire any equipment? \_\_\_\_ If yes, what is Estimated Annual Cost of Hire? \_\_\_\_\_

**FILINGS - CERTIFICATES - ADDITIONAL INSURERS**

For prompt and accurate filing(s), complete information must be given including exact name and address and Docket No. under which authority exists. Failure to do so will result in delays and suspensions. Use separate sheet if necessary.

Do you have an I.C.C. permit? \_\_\_\_ If yes, Docket Number? \_\_\_\_\_ Form E? \_\_\_\_\_ Form H? \_\_\_\_\_

State filing(s) required? (Show states, permit numbers and indicate Form E, H, etc.) \_\_\_\_\_

Show exact name in which permits are issued: \_\_\_\_\_

Are any Additional Insureds needed to be named on policy? \_\_\_\_ If so, give full name and address and their interest in this coverage: \_\_\_\_\_

Are any certificates of insurance needed? \_\_\_\_ If yes, show name, address and any special instructions: \_\_\_\_\_

**PREVIOUS INSURERS AND LOSS EXPERIENCE**

Has Insurance of the type applied for ever been cancelled, declined or renewal refused (not applicable in MO)? \_\_\_\_\_

If yes, explain fully in REMARKS giving name of insurance companies, dates and reason for cancellation or refusal.

**LOSS EXPERIENCE AND EXPOSURE INFORMATION-Current and Previous 3 Years. MUST BE COMPLETED FULLY.**

Policy Period		Name of Insurance Company	Number of Vehicles	Premium Paid		Total No. of Losses	Losses Paid and Reserves			
From	To			BI/PD and Med Pay	Physical Damage		BI/PD and Med Pay	No. of Losses	Physical Damage	No. of Losses

**REMARKS**

Do you hire any drivers under 23? \_\_\_\_\_ Do you hire any drivers over 65? \_\_\_\_\_ Is equipment owner driven only? \_\_\_\_\_

Do you hire any physically impaired drivers? \_\_\_\_\_

Is a physical examination completed? \_\_\_\_\_ Is a check made of previous employment? \_\_\_\_\_

Are drivers paid by the load? \_\_\_\_\_ Hourly? \_\_\_\_\_ % of the gross? \_\_\_\_\_

List all drivers both full and part time. (Attach schedule if more space is Needed)

DRIVER'S NAME	Date Employed	Date of Birth	Drivers License No Social Security No.	STATE	No. Years Commercial Experience	LIST ACCIDENTS / VIOLATIONS (3 years)
			DL# SS#			
			DL# SS#			
			DL# SS#			
			DL# SS#			
			DL# SS#			
			DL# SS#			
			DL# SS#			

**IMPORTANT NOTICE: ALL NEW DRIVERS HIRED DURING THE TERM OF THIS POLICY MUST BE IMMEDIATELY REPORTED TO THE COMPANY. FAILURE TO REPORT MAY RESULT IN TERMINATION OF THIS POLICY. REPORT NEW DRIVER TO YOUR AGENT.**

	COVERAGES	LIMITS OF INSURANCE	PREMIUM
LIABILITY	Bodily Injury and Property Damage (GSL)	\$ _____ each Accident	
	OR		
	Bodily Injury	\$ _____ each Person \$ _____ each Accident	
	Property Damage	\$ _____ each Accident	
	Medical Payments	\$ _____ each Person	
	Uninsured and / or Underinsured Motorists Coverage*	\$ _____ (Indicate Limits and Coverage Applicable)	
	Personal Injury Protection*	\$ _____ each Person	
	Property Protection (Michigan Only)		
PHYSICAL DAMAGE	Specified Causes of Loss	Stated Amount less \$ _____ Deductible	
	Collision	Stated Amount less \$ _____ Deductible	
MISC.	Cargo	\$ _____ each loss less \$ _____ Deductible	
	Other		
	<b>TOTAL</b>		

**SCHEDULE OF AUTOMOBILES**

Unit No.	Model Year	Trade Name	Serial Number (Full number is required)	Body Type (Truck, Tractor Semi-trailer, etc.)	Principal Garage Location	Radius of Use	Rate Terr.	GVW or Seating Capacity
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**PHYSICAL DAMAGE COVERAGE IF DESIRED**

Unit No.	Original Cost	Date of Purchase	Stated Amount (Current Value)	Coverage Desired			Loss Payees (Name & Address) (Indicate Applicable Unit)
				Comp. Ded.	Specified Causes Ded.	Collision Ded.	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**THIS APPLICATION MAY NOT BE USED TO BIND COVERAGE AND NO COVERAGE COMMENCES.** Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

If the laws or regulations of any governmental regulatory body in which the undersigned applicant intends to operate requires a special endorsement or rider to be attached to the policy, the applicant hereby agrees as an inducement to Empire for the issuance of the policy, that if Empire shall be obliged to pay any claim which it would not have been required to pay except for said endorsement, the Applicant shall reimburse Empire 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 Empire 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. **READ ABOVE CONDITIONS CAREFULLY!**

**APPLICABLE IN THE STATE OF FLORIDA**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICABLE IN THE STATE OF NEW YORK**

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

WITNESS

DATE

APPLICANT'S SIGNATURE

DATE

AGENT'S OR BROKER'S NAME AND ADDRESS

LICENSE NUMBER

**\*NOTICE REGARDING PIP AND UM COVERAGES**

If required by law in your state, you must complete an additional form(s) rejecting coverage or selecting limits of liability desired for Uninsured / Underinsured Motorists and Personal Injury Protection coverage. Selecting coverage will increase your premium. Be sure your agent provides you with the necessary form(s), explains your options and advises you of the cost of your selection.

NEW JERSEY  
ELECTION OF LIMITS OF LIABILITY  
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

NAMED INSURED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

Uninsured Motorists Coverage (U.M.) provides protection of persons insured under the policy who are legally entitled to recover damages from the owners or operators of uninsured motor vehicles.

Underinsured Motorists Coverage (U.I.) provides protection to persons under the policy who are legally entitled to recover damages sustained in excess of the liability limits carried by an at fault insured or underinsured motorist. An additional charge will be made for these coverages.

The insurance code of the state of New Jersey says that the law permits the named insured to elect limits up to \$250,000. each person/\$500,000. each accident for bodily injury; \$100,000. each accident for property damage or \$500,000. single limit not to exceed the liability limits applicable to the automobile(s).

In accordance with said insurance code, I hereby make the following election(s):

-I hereby select Uninsured Motorists at a limit of:

-\$35,000 single limit

or

-\$15,000/30,000/5,000

bodily injury and \*property damage limit, which is the New Jersey Financial Responsibility Limit.

-I desire to purchase Uninsured (including Underinsured) Motorists insurance for higher limits of \_\_\_\_\_  
bodily injury and \*property damage.

\*Property damage is subject to a \$500 deductible.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

FRAUD STATEMENT:

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date