☐ *STRATFORD INSURANCE COMPANY* ☐ *WESTERN WORLD INSURANCE COMPANY*

TRUCK INSURANCE APPLICATION – NORTH CAROLINA

A. GENERAL

Applicant's Name: ____________________

Contact Person: ____________________ Phone #: ____________

Address: ____________________

Garaging Location(s) if different: ____________________

Applicant: ☐ Individual ☐ Partnership Proposed Effective Date: ____________

☐ Corporation ☐ Other ____________ 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
- ☐ Hired Autos
- ☐ Non-Owned Autos

☐ Medical Payments ____________

☐ Uninsured Motorists ____________

☐ Underinsured Motorists ____________

☐ Cargo

- ☐ Limit ____________
- ☐ Deductible ____________

☐ In-Tow (tow trucks)

- ☐ Limit ____________
- ☐ Deductible ____________

☐ Physical Damage – *See Section G.*

- ☐ Specified Causes/Collision, or
- ☐ Comprehensive/Collision

☐ Other ____________

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 Worth	☐ 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 ____________________

5. What percentage of loads are: 0-300 miles ________ % 300 to 1,000 ________ % 1,000+ ________ %
6. What is the longest one way trip in miles? ________ miles
7. Do you travel to Michigan? ☐ Yes ☐ No If yes, how many days per month? ________
8. Do you travel to Ontario, Canada? ☐ Yes ☐ No
9.

Operations History	Dates	# Power Units	Mileage	Gross Receipts (For-Hire Only)
Projected for this Year				
Most Recent Year				
Prior Year				

10. Do you haul goods for others? ☐ Yes ☐ No If yes, for whom? ________
11. Do you lease, hire, rent, or borrow any vehicles from others? ☐ Yes ☐ No
    If yes, what is your annual cost to lease, hire or rent vehicles? $ ________
    (If more than $5,000, please complete Hired Auto Application.)
12. Do you lease or rent your vehicles to others? ☐ Yes ☐ No If yes, with drivers? ☐ Yes ☐ No
13. Do owner/operators haul for you? ☐ Yes ☐ No
    If yes, will their vehicles be scheduled on your policy? ☐ Yes ☐ No
14. **Filings:**
    *FMCSA MC # ________ Base State: ________ State Filings: ________
    ***If FMCSA authorized, please attach list of annual mileage by state.**

D. DRIVERS (Add additional sheet(s) if necessary.)

Driver's Name (As shown on Driver's License)	Driver's License No. and State Where Licensed	Date of Birth	Date of Hire (Mo/Yr)	Years Licensed	Original CDL Date (if driving unit over 26,000 lbs.)	*Accidents or Violations in the Last Three Years (Yes/No)

***Please provide details for any accidents or violations.**

Are your employees covered by Workers' Compensation? ☐ Yes ☐ No
Do you agree to promptly report all new drivers? ☐ Yes ☐ No
Are all your drivers your employees? ☐ Yes ☐ No

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

F. VEHICLE INFORMATION (Add additional sheet, if necessary) / G. PHYSICAL DAMAGE

	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)	Deduct-ible	*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.

FRAUD WARNING: 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 CRIME.

Applicant's Signature ______________________________ Producer's Signature ______________________________

Date ______________________________ Date ______________________________