



REGENCY INSURANCE
BROKERAGE SERVICES

COMMERCIAL AUTO INSURANCE – NON-FLEET

GENERAL INFORMATION

Individual Partnership LLC Corporation S-Corporation Other (explain)

Name: _____ Federal ID or SSN: _____ U.S. DOT #: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Phone: () -

Garaging location(s) if different: _____

City: _____ State: _____ Zip: _____

Yrs in trucking industry: _____ Yrs ownership: _____ Yrs operating in your name: _____

Date coverage desired: From / / To / /

DESCRIPTION OF OPERATIONS

For Hire Private Non-Trucking Other (explain)

Range of transport: Interstate Intrastate

Commodities (check all that apply):

- Property (non-hazardous)
- Refuse/Waste/Garbage
- Hazardous substances requiring \$1,000,000 liability limits or less
- Hazardous substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)

Indicate cities traveled into or through:

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Las Vegas | <input type="checkbox"/> Nashville | <input type="checkbox"/> Pittsburgh |
| <input type="checkbox"/> Baltimore/Wash | <input type="checkbox"/> Denver | <input type="checkbox"/> Little Rock | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Detroit | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New York City | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Hartford | <input type="checkbox"/> Louisville | <input type="checkbox"/> Oakland | <input type="checkbox"/> Salt Lake City |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Houston | <input type="checkbox"/> Memphis | <input type="checkbox"/> Oklahoma City | <input type="checkbox"/> San Diego |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Indianapolis | <input type="checkbox"/> Miami | <input type="checkbox"/> Orlando | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Cleveland | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Minneapolis/St. Paul | <input type="checkbox"/> Phoenix | <input type="checkbox"/> Tampa |

Other cities not listed above: _____

COMMODITIES TRANSPORTED

Commodity	Percent of load	Average value	Maximum value
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

List shipper requirements (if any):

% contract load: _____ % brokerage load: _____

If any answers on 2 – 9 are Yes, please explain on attached sheet. If any answers on 14 – 21 are No, please explain on attached sheet.

1. Are filings required? If yes, complete request for filing action form. Yes No

2. Any claims over \$10,000 in the last 3 years? Yes No

3. Has your insurance been cancelled or non-renewed in the last 3 yrs? Yes No

4. Do you ever haul noxious, caustic, toxic, flammable or explosive commodities? Yes No

5. Do you ever haul a commodity to a hazardous waste storage or treatment facility? Yes No

6. Do you use any team, not seat, slip seat, or relay driver operations? Yes No
If yes, how many units are used in the operations?

7. Any interline, intermodal or interchange arrangements? Yes No

8. Do you act as a freight-broker or freight-forwarder or arrange loads for others? Yes No
If yes, brokerage name? _____ Docket #: _____

9. Have you ever filed for bankruptcy or Chapter 11 in the last 3 years? Yes No

10. Have you ever had truck insurance under a different entity name? Yes No

11. Do you allow passengers other than company employees? Yes No
If yes, describe who, relationship, and how often:

12. Do you check driving records of all drivers prior to hiring? Yes No

13. What are driver hiring practices? Minimum age: _____ Maximum age: _____

14. Do you agree to promptly report all driver changes to your agent and report all claims to the Company claims department?
 Yes No

15. Do all your drivers meet all DOT requirements and do you maintain driver files as required by DOT? Yes No

16. Do you have Workers Compensation? Yes No If yes, Insurer: _____ Policy #: _____

17. Is all equipment operated under the applicant's authority scheduled on the application? Yes No If no, attach explanation.

18. Is all owned equipment scheduled on this application? Yes No If no, attach explanation.

19. Is all of the scheduled equipment owned by you? Yes No If no, attach explanation.

20. Do you sub haul, lease or hire equipment from others? Yes No
If yes, is it: permanently leased trip leased
a. If permanently leased, is it scheduled on this application? Yes No
b. If permanently leased, are autos hired with drivers? Yes No

21. Do you lease to others? Yes No
If yes, who must provide primary insurance? You Other
If you provide insurance, is coverage desired for: Named Lessee(s) or All Lessees (blanket basis)

APPLICANT PRIOR CARRIER AND LOSS INFORMATION

(Attach loss runs)

LIABILITY INFORMATION – CURRENT YEAR AND PREVIOUS 2 YEARS MUST BE SHOWN

Policy Dates	Company Name or Previous Lessee Name	Policy Number	Number of Tractors	# of Claims	Total Paid & Reserved
					\$
					\$
					\$

PHYSICAL DAMAGE INFORMATION – CURRENT YEAR AND PREVIOUS 2 YEARS MUST BE SHOWN

Policy Dates	Company Name or Previous Lessee Name	Policy Number	TIV	# of Claims	Total Paid & Reserved

			\$		\$
			\$		\$
			\$		\$

CARGO INFORMATION – CURRENT YEAR AND PREVIOUS 2 YEARS MUST BE SHOWN

Policy Dates	Company Name or Previous Lessee Name	Policy Number	Number of Tractors	# of Claims	Total Paid & Reserved
					\$
					\$
					\$

COVERAGES

Auto Liability **Liability for Non-Trucking Use** Leased to:
 Limits - Combined single limit (BI/PD): \$
 Hired Auto Liability Cost of hire: \$ ***See Hired/Non-owned Application**
 Hired Auto Physical Damage Maximum value: \$ Cost of hire: \$
 Estimated # of days vehicle hired in 12 months:
 Employers Non-Ownership Total number of employees:

Uninsured Motorist (UM) Limit \$
 Underinsured Motorist (UIM) Limit \$
 Medical Payments Limit \$
 Personal Injury Protection (PIP) Limit \$

Selection/rejection forms for UM, UIM, PIP and Med Pay must be completed and submitted along with this application.

Combined Deductible: Yes No

Trailer Interchange (include copy of agreement) Maximum trailer value:
 Number of trailers: Number of trailer days:

Physical Damage	Deductible	<input type="checkbox"/> Cargo	Refrigeration	Extras Endorsement
<input type="checkbox"/> Comprehensive or	\$	Limit \$	Breakdown** <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> # of Units
<input type="checkbox"/> Specified Perils	\$	Deductible \$		Towing Coverage
<input type="checkbox"/> Collision	\$			<input type="checkbox"/> # of Units

*Hired and Non/Owned coverage only available if contractually required. Please complete the supplemental application for approval.

**Temperature controlled units must be inspected at least monthly and inspection records must be maintained and retained for at least one year.

Are all vehicles equipped with theft alarms? Yes No
 Are all vehicles equipped with fire extinguishers? Yes No
 Are there any overages, shortages or damage claims pending? Yes No
 Are any vehicles left loaded overnight? Yes No
 Are vehicles left unlocked when unattended? Yes No
 Does named insured transport own goods? Yes No

EQUIPMENT

Show number of units below

	Owned	Leased		Owned	Leased
Tractors			Tank Trailers		
Trucks			Refrigerated Trailers		
Semi-Trailers			Service Trucks		
Full-Trailers			Other		

Is special equipment mounted or attached? Yes No If yes, explain:
 Do you enter construction site? Yes No If yes, explain:
 Is mobile equipment used in any other operation other than your own, specifically for loading and unloading? Yes No
 If yes, explain:

Do you pull: Double trailers? Yes No If yes, # Triple trailers? Yes No If yes, #

SCHEDULE OF AUTOS TO BE INSURED
 All units you own or that are leased to you must be scheduled and insured if filings are to be made.

Body type: Tractors
 C=Conventional
 COE=Cabover
 T=Trucks

Trailer type: F=Flatbed
 V=Dry van
 R=Reefer

ED=End dump
 OD=Other dump
 T=Tankers

D=Dolly
 L=Low Bed
 OT=Open Top Van

No.	Model Year	Trade Name	Trailer Type	VIN	GVW/GCW	Stated value	Max radius	Owner's Name
1.						\$		
2.						\$		
3.						\$		
4.						\$		
5.						\$		
6.						\$		
7.						\$		
8.						\$		
9.						\$		
10.						\$		

LIENHOLDER / ADDITIONAL INSURED INFORMATION

Auto No.	LH	AI	Name	Street Address	City	State	Zip code
1.	<input type="checkbox"/>	<input type="checkbox"/>					
2.	<input type="checkbox"/>	<input type="checkbox"/>					
3.	<input type="checkbox"/>	<input type="checkbox"/>					
4.	<input type="checkbox"/>	<input type="checkbox"/>					
5.	<input type="checkbox"/>	<input type="checkbox"/>					
6.	<input type="checkbox"/>	<input type="checkbox"/>					
7.	<input type="checkbox"/>	<input type="checkbox"/>					
8.	<input type="checkbox"/>	<input type="checkbox"/>					
9.	<input type="checkbox"/>	<input type="checkbox"/>					
10.	<input type="checkbox"/>	<input type="checkbox"/>					

DRIVER INFORMATION
 Must be completed for all drivers. Use a separate page for additional drivers if necessary.

Do you use PSP? Yes No

	Driver	Date of Birth	License Number	State	# Yrs driving similar equipment	Date of Hire
1.		/ /				/ /

Number of violations: Past 3 yrs # minor , Past 3 yrs # major , Past 1 yr # minor , # accidents last 3 yrs

2.		/ /			/ /
Number of violations: Past 3 yrs # minor , Past 3 yrs # major , Past 1 yr # minor , # accidents last 3 yrs					
3.		/ /			/ /
Number of violations: Past 3 yrs # minor , Past 3 yrs # major , Past 1 yr # minor , # accidents last 3 yrs					
4.		/ /			/ /
Number of violations: Past 3 yrs # minor , Past 3 yrs # major , Past 1 yr # minor , # accidents last 3 yrs					

DRIVER EMPLOYMENT HISTORY

If you have not had insurance for the past two years in your name, provide three years employment history for each driver.
Do not indicate "self-employed" unless you have had insurance in your name.

1.	Driver	Prior Employment & Full Address	Dates of Employment	Type of Unit
2.				
3.				
4.				

SIGNATURES

This is a: New Renewal in our Agency

I hereby certify 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 me, and the same are hereby made as the basis and condition of the insurance. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false and deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

PRINT APPLICANT'S NAME: _____

APPLICANT'S TITLE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINT AGENT'S NAME: _____

AGENT'S SIGNATURE: _____

DATE: _____

AGENCY NAME: _____

STATEMENT OF FRAUD

ALL STATES AND COVERAGES NOT SPECIFIED BELOW: 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.

ARIZONA: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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.

COLORADO: 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 provide false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies.

KENTUCKY: 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.

NEW MEXICO: 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.

OHIO: Any person who, with intent to defraud or knowing that he/she 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.

OKLAHOMA: 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.

OREGON: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA: 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.

TENNESSEE: Commercial Insurance Other Than Worker's Compensation. 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.

WASHINGTON: 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.

I have received the Statement of Fraud which applies to my state. I understand that this document becomes a part of my application for insurance.

Applicant's Signature

Print Applicant's Name

Date