

APPLICATION FOR MODULE HAULER INSURANCE

APPLICANT: _____ AGENCY: _____
ADDRESS: _____
TOWN/STATE/ZIP: _____
TELEPHONE: (_____) _____
CELL PHONE: _____
FAX: _____ E-MAIL: _____

POLICY PERIOD: _____ TO _____ Are you a: Individual ____ Partnership ____
Corporation ____ Other ____

GENERAL INFORMATION

1. Do you have a scheduled maintenance program for truck & equipment? YES ____ NO ____
2. Do you have written specific maintenance duties for each day during the hauling season? YES ____ NO ____
3. What are the qualifications and experience of your mechanic? _____
4. Are your trucks annually DOT inspected? YES ____ NO ____
5. Are your employees personally known or referred at the time of hire? YES ____ NO ____
6. How many employees do you have at any one time? _____ Annual Payroll? _____
7. Describe your employee training program and company safety program. _____

8. Have you attended a Safety School within the last _____ 12 months _____ 24 months
9. What percentage of your current employees were employed by you last year? _____
10. Do you require a MVR prior to hiring a new driver? YES ____ NO ____
11. What is the average age of your employees? _____
12. Do you have a DOT approved drug and alcohol testing program in place? YES ____ NO ____
13. Do you have an employee application form? YES ____ NO ____ Employee handbook? YES ____ NO ____
14. Please list the range of months for your hauling season: _____ to _____
15. Do you have a fire extinguisher in each truck? YES ____ NO ____

DRIVER INFORMATION:

STATE	DRIVER NAME	DRIVER'S LICENSE NUMBER	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMERCIAL GENERAL LIABILITY COVERAGE:

- 1. Do you currently have Commercial General Liability Coverage? Yes ___ NO ___
- 2. Would you like us to quote Commercial General Liability Coverage? YES ___ NO ___
(If answer is yes you must show payroll information question #6 in General Information section.)

INLAND MARINE COVERAGE:

- 1. Would you like us to quote cargo coverage? YES ___ NO ___
NUMBER OF UNITS _____ AMOUNT PER UNIT _____

BUSINESS AUTO STANDARD COVERAGES

LIABILITY - \$1,000,000

UNINSURED AND UNDER INSURED MOTORIST- STATE MINIMUM STATUTORY BODILY INJURY LIMIT ONLY

PIP- MAXIMUM STATUATORY LEVEL UP TO \$50,000 (IN STATES WHERE AVAILABLE. MAY BE DELETED BY SIGNATURE IN TEXAS).

MED PAY - \$5,000 (IN STATES WHERE AVAILABLE)

MUST BE SIGNED BY ALL MODULE TRUCK INSURANCE POLICY HOLDERS

I select **State Minimum Statutory** Uninsured Motorist Bodily Injury Limit and I select **Non- Stacked** Uninsured motorist Limit.

Signature: _____ Date: _____

I acknowledge that **Workers Compensation** coverage is **not** offered under any of the coverage's herein applied for with this application. I further acknowledge that **Workers Compensation** coverage **may** be offered to me if I meet certain specific underwriting qualifications. If I do not meet the specific underwriting qualifications, I understand that it may be **my responsibility** to procure **Workers Compensation** coverage through a State Fund, Assigned Risk Pool or any other source available to me.

I declare that the answers to all questions herein are complete and truthful. I agree that I have been offered everything on this application and except as indicated herein they are rejected. I request the Company to issue the policy and any renewals thereof, in reliance thereon. Because I am applying for insurance, I am aware that in compliance with Public Law 91-508, and the 1997 Federal Drivers Privacy Protection Act (DPPA) and the 1999 Gramm-Leach-Bliley Act (GLBA), (1) an investigation may be made to my insurability, including, if applicable, information as to character, general reputation, personal characteristics, the Motor Vehicle Record of my employees and myself, and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to me, upon my written request made a reasonable time after this notice.

Signature of Insured: _____ Date: _____