

## APPLICATION FOR MODULE HAULER INSURANCE

APPLICANT: \_\_\_\_\_

RETURN TO: CHI, LTD / P O BOX 1069  
HUTCHINSON, KS 67504  
FAX: (620) 259-6994

ADDRESS: \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_ FEIN: \_\_\_\_\_

COMPANY: \_\_\_\_\_ POL PERIOD: \_\_\_\_\_ to \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

**UNDERWRITING INFORMATION**

- 1) BUSINESS STRUCTURE: Do you operate as a  Corporation  Partnership  Sole Proprietor  Other
- 2) EMPLOYEES: Are your employees  personally known  referred  H2A  unknown at time of hiring?  
 When hiring new employees do you require the following: application with references  Yes  No; MVR  Yes  No  
 Do you provide employees with written job description/employee manual  Yes  No  
 How many employees do you have at one time? \_\_\_\_\_ What is your business annual payroll? \_\_\_\_\_  
 What percentage of your current employees were employed by you last year? \_\_\_\_\_

NAME	DRIVER'S LICENSE	ST	DATE OF BIRTH	YEARS DRIVING	YEARS W FIRM

- 3) SAFETY: Describe your employee training program and your company safety program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you ride along with all new employees before allowing them to operate trucks and equipment alone?  Yes  No  
 Do you have a fire extinguisher in each truck?  Yes  No Are employees instructed in the proper use of fire extinguishers?  Yes  No  
 Do you have a DOT approved drug and alcohol testing program in place?  Yes  No  
 Have you attended Safety School within the past  12 Months  24 Months

- 4) MAINTENANCE: Do you have a scheduled maintenance program for each truck?  Yes  No  
 Do you have written specific maintenance duties for each day during the hauling season?  Yes  No  
 What are the qualifications and experience of your mechanic? \_\_\_\_\_  
 Are your trucks annually DOT inspected?  Yes  No

5) OPERATIONS: Please list the months of your hauling season: \_\_\_\_\_ to \_\_\_\_\_  
 Are any trucks owned by a Gin?  Yes  No  
 Are all trucks titled in the name of the applicant?  Yes  No

Where are vehicles stored in the off-season? \_\_\_\_\_

6) INSURANCE: **MISSOURI APPLICANTS NEED NOT REPLY.** Has your insurance been cancelled in the prior 3 years?  
 Yes  No If so, for what cause?  Non-payment of premium  Loss Ratio  Claims frequency  
 Underwriting criteria

Name of Current Insurance Carrier \_\_\_\_\_

Please describe all losses paid by insurance in the past four years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A company loss run with a 3 year history must accompany this application. This report is available from your current agent. Coverage cannot be bound without Prior Carrier Loss Run.**

**POLICY TYPES REQUESTED**

**BUSINESS AUTO COVERAGE:**

Standard Coverages:  
 Liability- \$1,000,000  
 Uninsured and Underinsured Motorist- State Minimum Statutory Bodily Injury Limit Only  
 Pip – Maximum Statutory Level up to \$50,000 (in states where available. May be deleted by signature in TX)  
 Med Pay - \$5,000 (in states where available)

Year	Make	Cost New	ID Number	Liab	Liab & PD

**LOSS PAYABLE** (Please indicate vehicles by using the line number from above chart )

Line #      Loss Payee Name      Complete Address and Fax Number

Line #	Loss Payee Name	Complete Address and Fax Number

**COMMERCIAL GENERAL LIABILITY COVERAGE:**

Standard Coverage:

\$1,000,000 Occurrence      \$2,000,000 Aggregate Limit  
\$5,000 Medical Payments      \$250,000 Fire in Field

Please list estimated total payroll: \_\_\_\_\_

\_\_\_ I would like to apply for Excess Liability Coverage:

\_\_\_ \$1,000,000      \_\_\_ \$2,000,000      \_\_\_ \$3,000,000      \_\_\_ \$4,000,000      \_\_\_ \$5,000,000

**INLAND MARINE COVERAGE:**       YES       NO

Cargo: # of Units \_\_\_\_\_ Amount per Unit \_\_\_\_\_

**FRAUD WARNING**

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

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

I, the undersigned, declare that the answers to all questions herein are complete and truthful. I agree that I have been offered every insurance product represented 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.

I, the undersigned, agree that if the information supplied on this application changes between the date of this application and the effective date of the insurance, I, the undersigned, will immediately notify the Company of such changes, and the Company may withdraw or modify any outstanding quotations, authorization or agreement to bind the insurance.

Because I, the undersigned, am applying for insurance, I am aware that in compliance with Public Law 91-508, the 1997 Federal Drivers Privacy Protection Act (DPPA) and the 1999 Gramm-Leach-Bliley Act (GLBA), (1) an investigation may be made into my insurability, including if applicable, information as to character, general reputation, personal characteristics, the Motor Vehicle Records 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.

Signed: \_\_\_\_\_

Agent: \_\_\_\_\_

Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

(must be signed by an authorized officer)

\_\_\_\_\_