

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 _____

POL PERIOD: _____ TO _____

TELEPHONE (____) _____ FAX (____) _____ CELL (____) _____

E MAIL ADDRESS: _____ FEIN: _____

- 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: 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: YES NO

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	& PD

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

Line #	Loss Payee Name	Complete Address and Fax Number

COMMERCIAL GENERAL LIABILITY COVERAGE: YES NO

Standard Coverage:

\$1,000,000 Occurrence \$2,000,000 Aggregate Limit
\$5,000 Medical Payments \$100,000 Fire in Field

Please list estimated total harvesting payroll: _____

___ I would like to apply for Excess Liability Coverage

INLAND MARINE COVERAGE: YES NO

Cargo: # of Units _____ Amount per Unit _____

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: _____

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 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, 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 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.

Signature of Insured: _____

Date: _____