

**APPLICATION FOR TRUCK INSURANCE FOR SUGAR CANE HAULING**

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

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

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

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

FEIN: \_\_\_\_\_ POLICY PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

ORGANIZATION TYPE: Sole Proprietor \_\_\_ LLC \_\_\_ Partnership \_\_\_ Corporation \_\_\_

**UNDERWRITING INFORMATION**

**GENERAL INFORMATION**

1) TRUCKS & TRAILERS:

Do you have a scheduled maintenance program for all trucks and trailers? YES \_\_\_ NO \_\_\_  
Do you have a mechanic on staff? YES \_\_\_ NO \_\_\_  
Do you outsource: engine work YES\_\_\_ NO\_\_\_; transmission work YES\_\_\_ NO\_\_\_; brake work YES\_\_\_ NO\_\_\_  
Are your trucks annually DOT inspected? YES\_\_\_ NO\_\_\_  
Do you use a walk-around check list to inspect your truck each day before starting work? YES\_\_\_ NO\_\_\_

2) EMPLOYEES:

How many employees do you have at one time? \_\_\_\_\_ 6 Month Season Payroll? \_\_\_\_\_  
At time of hire, are prospective employees personally known \_\_\_; referred\_\_\_; unknown \_\_\_ to you?  
What percentage of current employees was employed by you last year? \_\_\_\_\_  
What is the average age of all your employees? \_\_\_\_\_  
Do you require a MVR prior to hiring a new driver? YES\_\_\_ NO \_\_\_  
Do you participate in a DOT approved Drug Testing Program for all drivers? YES \_\_\_ NO \_\_\_  
Do you have an employee application? YES \_\_\_ NO \_\_\_ Employee handbook? YES \_\_\_ NO \_\_\_  
Describe your employee safety training program.

3) SAFETY:

Do you ride along with new employees before allowing them to operate your trucks? YES \_\_\_ NO \_\_\_  
Do you have a fire extinguisher in every truck? YES\_\_\_ NO \_\_\_ Date of last service? \_\_\_\_\_  
Will you conduct regularly scheduled safety meetings with all drivers? YES \_\_\_ NO \_\_\_

4) MISCELLANEOUS:

Do you need filings made with either ICC or State Authority? YES \_\_\_ NO \_\_\_ List filings needed: \_\_\_\_\_  
DOT Number: \_\_\_\_\_ ICC Number: MC \_\_\_\_\_  
Has your insurance been cancelled in the prior 3 years? YES \_\_\_ NO \_\_\_  
Reason for insurance cancellation: Claims \_\_\_ Non-payment of premium \_\_\_ Underwriting criteria \_\_\_\_\_  
Name of your current or most recent Insurance Carrier? \_\_\_\_\_  
Current or most recent Policy Number? \_\_\_\_\_  
Describe all losses paid to you by insurance in the past four years: \_\_\_\_\_



**COMMERCIAL GENERAL LIABILITY COVERAGE:**

Occurrence Limit -\$1,000,000 Aggregate Limit -\$2,000,000 Personal Injury Limit -\$1,000,000 Aggregate Limit - \$2,000,000 Fire Legal for Premises Rented Limit -\$100,000 Medical Payments Limit -\$5,000

Please list estimated wages to be paid to all drivers during 6 month season: \_\_\_\_\_

Please list 6 month season expected income from hauling sugar cane: \_\_\_\_\_

**EXCESS LIABILITY/UMBRELLA COVERAGE:**

I wish to apply for additional liability coverage: \$1,000,000 \_\_\_; \$2,000,000 \_\_\_; \$3,000,000 \_\_\_; \$4,000,000 \_\_\_; \$5,000,000 \_\_\_

I decline the offer of additional liability coverage \_\_\_ (please initial)

**IMPORTANT NOTICES**

1. Insurance will not be bound without hard copy loss runs from prior insurance carrier.
2. The insurance program requested in this application provides coverage ONLY for the operation of the described tractor/trucks in the transportation of sugar cane from the field to the processing plant. ANY OTHER hauling-for-hire activity without written approval by the AIG and its member insurance companies will result in immediate termination of insurance coverage.
3. The insurance policy requested in this application will provide coverage for SIX (6) months only.
4. All new drivers must be report to AIG and its member insurance companies within 5 days of date of hire.
5. Any accident in which any vehicle listed on the applied for insurance policy is involved must be reported to AIG and its' member companies immediately. Late reporting of a claim may jeopardize coverage.
6. All accidents occurring with the prior three (3) years that are reported on any driver's MVR must be fully explained in writing before coverage can be approved.

**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 FLORIDA APPLICANTS:** 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 FELONY OF THE THIRD DEGREE.

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)

\_\_\_\_\_