



Agency _____ Date _____
 Producer _____ Email _____
 Proposed Eff Date _____
 How Long has your agency written this applicant? _____ Type _____
 Producer Code _____

Applicant Information

Applicant Name/1st insured _____
 If more than one Named Insured, explain _____
 Mailing Address _____
 Principal Business Location if Different _____

Location Desc.	City and State	Security measures	Location Description
Location 1	_____	_____	_____
Location 2	_____	_____	_____
Location 3	_____	_____	_____

List any additional locations in the "Comments" section, or attach separate page if necessary.

Are any of the applicants locations within ten (10) miles of coastal waters?
 If yes, explain _____

Primary Contact _____ Phone _____
 Email _____ Website _____
 Safety Director _____ Phone _____
 Inspection Contact _____
 Years in business _____ Truck management Experience in Years _____

In the past three years, has the applicant been refused, canceled or non renewed for insurance coverage?
 If yes, explain _____

Description of Operations

Business Type _____ Other _____
 Operation Type _____ Other _____
 If leased to whom _____
 If contract to whom _____
 DOT Number _____ MC # _____ FEDIN _____

Has applicant operated under a different name and/or MC# in the past 4 years?
 If yes, explain _____

Carrier involved in any non truck business?
 If yes, explain _____

Number of employees _____ Number of Independent Contractors _____

Does Applicant service other trucking firms vehicles?

If yes, explain _____

Please attach equipment schedule. Please indicate which are owner operator or company leased.

Financial Information

Have any business debts ever been turned over to a collection agency, are there any outstanding judgments against business, or has the owner ever filed bankruptcy?

If yes, explain _____

Loss Information

Please attach loss summary for current and prior five years, indicating number/loss amounts.

(If loss run is provided, must be dated within last 90 days)

Below list amount of claims if loss run not provided.

Type	Current Deductible	Current YR	1st Yr. Prior	2nd Yr. Prior	3rd Yr. Prior
Phys Dam					
NTL					

Payment/Billing Options

Monthly Reporting

Agency Bill

Direct Bill

Billing Date

Coverage Requests

Automobile Physical Damage

Physical Damage policies are written on a reported stated value-basis only.

Types of units

Specified Perils

Deductible

Supplemental Coverages

Deductible Buy down

Tarps, chains, binders

Electronic Equipment

Downtime

Requested Automobile NTL

Deductible

NTL Limits _____

UIM Limits _____

UM Limits _____

PIP Basic _____

Fraud Warnings

COLORADO APPLICANTS:

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 provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be report to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, MAINE, TENNESSEE, AND VIRGINIA APPLICANTS:

It is a crime to knowingly provide false incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include

imprisonment, fines, or denial of insurance benefits.

FLORIDA APPLICANTS:

Any person who knowingly and with the 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.

KANSAS APPLICANTS:

Any person who, knowingly and with the intent to defraud, presents, causes to be presented or prepares with the knowledge or belief that it will be presented to or by an Insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto: or conceals, for the purpose of misleading, information concerning any fact material thereto.

NEW YORK APPLICANTS (EXCEPT AUTOMOBILE):

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NEW YORK AUTOMOBILE 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 for any commercial or personal insurance benefits contains any material false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles, or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

OHIO APPLICANTS:

Any person who, with the 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 APPLICANTS:

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer makes claim of the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

UTAH APPLICANTS:

Any person who knowingly presents a false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for healthcare fees or other professional services is guilty of a crime and may be subject to fine and confinement in state prison.

ALL OTHER APPLICANTS:

Any persons who knowingly presents a false or fraudulent claim or 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.

ALL APPLICANTS:

By my signature below, I attest that:

I am an authorized representative of the applicant;

I have reviewed this form;

the information provided is true and accurate;

I have not willfully concealed or misrepresented any material fact or circumstance concerning this form;

and I have read the applicable items above and agree to all terms or conditions stated therein.

APPLICANT SIGNATURE

DATE

AGENT SIGNATURE

DATE

AGENT LICENSE ID (FL ONLY)

Click Logo Below to submit application

If you are using Adobe Reader, you will be prompted to save.
Once the file is saved, please email application and loss run to
tim@crainsure.com.