



SCOTTSDALE INSURANCE COMPANY®

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Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752
A STOCK COMPANY

COMMERCIAL AUTOMOBILE APPLICATION

Name of Applicant:
D/B/A:
Street Address:
P.O. Mailing Address:
Phone Number: (____)
Website:

Agent Name:
Address:
Agent No.:

PROPOSED EFFECTIVE DATE:

From To
12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

DESCRIPTION OF OPERATIONS

- 1. Applicant is: Individual Partnership Corporation Other:
Please provide the registered owner's driver license number, social security number, federal employer identification number or state customer number or Soundex number for all vehicles:
2. How long has this operation been in business?
3. Has there been any change in ownership, management or the name of the operation during the last five (5) years?
4. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?
5. Description of operations:
6. Specifically identify commodities transported:
7. Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?
8. Normal areas of operations:
9. List all states vehicles operate in:
10. Largest cities entered:
11. Is your operation subject to time restraints when delivering the commodity?
12. If not hauling for others, will the vehicles be parked at a job site most of the day?

13. Are any units customized or altered, or do they have special equipment? Yes No
If yes, how are they altered? _____
14. Do you have vehicles with mobile equipment permanently attached? Yes No
If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? _____
If other, please explain: _____
15. Are any vehicles used by family members? Yes No
If yes, explain: _____
16. Are any vehicles used for personal use (if other than public or private livery)? Yes No
If yes, explain: _____
17. Do you allow passengers to ride in your vehicles? Yes No
If yes, explain: _____
18. Are all drivers covered by Workers' Compensation insurance? Yes No

DRIVER INFORMATION

19. Are you familiar with the U.S. Department of Transportation driver requirements? Yes No
20. Do you maintain driver activity files? Yes No
Do you review current MVRs on all drivers prior to hiring? Yes No
Is there a formal driver hiring procedure? Yes No
If you have a formal driver hiring/training program, provide a copy with this application.
21. Are all drivers employees? Yes No
If no, explain: _____
22. How are your drivers paid? Per load Per hour Other: _____
23. Is there a formal safety program? Yes No
If yes, provide details or a copy: _____
24. Do you agree to screen and report all potential operators immediately upon hiring? Yes No
25. Maximum number of hours driver will operate a vehicle in a 24-hour period: _____
26. List below all drivers currently employed as of the Proposed Effective Date. If a Non-Owned Auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	Date of Birth	Driver's License No.	State	Class of License	Number of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents & Traffic Violations

VEHICLE INFORMATION

27. Number of vehicles owned: _____ Light _____ Medium _____ Heavy _____ Extra Heavy
 _____ Tractors _____ Trailers _____ Private Passenger Type

28. Number of vehicles leased: _____ Light _____ Medium _____ Heavy _____ Extra Heavy
 _____ Tractors _____ Trailers _____ Private Passenger Type

29. Do you contemplate using double or triple trailers? Yes No
 If yes, what percentage of trips involves the use of multiple trailers? ___%

30. Do all trailers have DOT-required reflective tape? Yes No

31. Provide details on your vehicle maintenance program: _____

32. Are any vehicles owned, operated or leased that are not included in the schedule below? Yes No
 If yes, provide details: _____

SCHEDULE OF VEHICLES
 (Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name.)

Unit No.	Year/Model	Trade Name	Type of Vehicle	Vehicle Identification Number (VIN)	GCW/GVW or Seating Capacity

Unit No.	Radius (in miles)	Garaging Location	Registration State	License Plate No.

HIRED AUTO INFORMATION

- 37. Why is hired auto coverage being requested?** _____
- 38. Do you haul for others?** Yes No
If yes, indicate percentage and for whom: _____
- 39. Are any vehicles or equipment loaned, rented, or leased to others?** Yes No
- 40. Do you lease, hire, rent or borrow any vehicles from others?** Yes No
What is the average term of the lease? _____
Is there a written agreement? Yes No
If yes, provide a copy of the agreement.
- 41. Does your lease agreement contain a Hold Harmless clause?** Yes No
- 42. Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire?** Yes No
- 43. Do you obtain certificates of insurance from the truckers you hire?** Yes No
Certificates of insurance with limits of at least \$750,000 are required from your sub-haulers. If you do not have these on file when we audit, we will charge you for primary hired auto insurance.
Do you understand? Yes No
- 44. If owner/operators are leased for six (6) months or longer, will they be scheduled on your policy?** Yes No
If yes, provide a copy of the agreement you use.
- 45. Do you lease, hire, rent, or borrow any vehicles from others without drivers?** Yes No
Will they be scheduled on the policy? Yes No
What is the average term of the lease? _____
- 46. What is your cost to lease, hire, rent or borrow vehicles?** With drivers _____ Without drivers _____
Estimated cost of hired autos: This year: _____ Last year: _____
- 47. What type of vehicles do you lease, hire, rent or borrow?** Truck-Tractors ___% Trailers ___%
Heavy & Extra Trucks ___% Pickup trucks or Vans ___% Private Passenger Cars ___%
- 48. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name?** Yes No
If yes, explain: _____
- 49. How many years of experience does your management have in the truck/transportation business?** _____
Please provide an explanation of their experience: _____
- 50. Do you arrange or dispatch loads for others, not including your own hired truckers?** Yes No
Please explain: _____
Are you named on the Bills of Lading? Yes No
Annual number of Truckers _____ Loads? _____
- 51. Do you have brokerage authority?** Yes No
If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
What is your brokerage motor carrier number? _____
Whose name appears on the bill of lading as the carrier? _____
What is your brokerage revenue for the most recent twelve (12) months? _____
Estimated next twelve (12) months? _____
- 52. Are driver teams used?** Yes No
- 53. Will more than one driver use a specific truck?** Yes No

NON-OWNED AUTO INFORMATION

54. Why is non-ownership liability coverage being requested? _____

55. What types of non-owned autos will be used in your business? _____

Total number of non-owned autos used: _____ How will they be used? _____

56. How often are non-owned autos used in your business? Daily Weekly Monthly Other: _____

Estimate the number of hours per month: _____

Estimated annual mileage for use of all non-owned autos: _____

57. Do any employees use their autos in your business? Yes No

If yes, what limit of liability insurance are they required to maintain? _____

Do you require evidence of insurance? Yes No

58. Do employees lease autos on your behalf? Yes No

If yes, under whose name are the autos leased? Employees name..... Your name

59. Will you use non-owned autos other than those owned by employees? Yes No

If yes, describe the relationship _____

60. Total number of employees: _____ **Total number of officers and partners:** _____

61. If a social service operation, indicate the total number of volunteers furnishing autos in your operation: _____

Maximum number of volunteers at any one time: _____ How will they use their vehicles? _____

62. Are volunteers required to have their own insurance? Yes No

Minimum limits required: _____

63. Do you obtain motor vehicle records for all drivers? Yes No

64. Do you understand that we may audit your records for Hired and Non-Owned auto exposure, which might result in an additional premium? Yes No

PRIOR CARRIER AND LOSS EXPERIENCE

65. Have you had any insurance canceled, declined or nonrenewed in the last three years?

(Not applicable in Missouri) Yes No

If yes, explain: _____

The following Prior Carrier and Loss Experience Section must be completed:

Policy Pe- riod	Prior Carrier	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. of Losses	Liability Losses Paid/Open*	Phys. Damage Losses Paid/Open*

*Include a minimum of four (4) years currently valued company loss runs for all accounts.

LIMIT AND COVERAGE INFORMATION

66. Liability: Bodily Injury: _____ Property Damage: _____ Combined Single Limit: _____
Liability Deductible: \$500 \$1,000 Other (Requires company approval) \$ _____

67. Hired Auto: States: _____ Cost of Hire: _____
An audit will be required if hired auto coverage is provided.

68. Non-owned Auto: States: _____
Number of Employees: _____ Partners: _____ Employees: _____ Volunteers: _____

69. Uninsured Motorist: Rejected Limits Accepted _____

70. Underinsured Motorist: Rejected Limits Accepted _____

(Complete appropriate UM/UIM Selection/Rejection Form for Questions 68. and 69.)

71. Optional no-fault state: PIP rejected? Yes No

72. Mandatory no-fault state: PIP basic limits accepted? Yes No

(Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions 62. and 63.)

73. Medical Payments: Rejected Limits accepted: _____

74. Physical Damage deductibles: \$500 \$1,000 Other Specify: _____

75. Do you understand that we may audit your records, which might result in an additional premium? Yes No

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or 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.

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT: _____
(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.