

D.C. WHITE AGENCY

Over 60 Years of Leadership in Commercial Auto Insurance

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370 West Park Avenue, Long Beach, NY 11561-3245

www.dcwhiteagency.com

Commercial Automobile Application

Is this an application for a quotation? ☐ Yes ☐ No

Is this an application for a bound policy? ☐ Yes ☐ No

If Yes, what is the Policy Number? _____

Corporate or Individual Name (Include DBA): _____ FEIN: * _____

Mailing Address: _____ Contact: _____

Telephone No.: () - E-Mail Address: _____ Fax No.: () -

List commodities carried: _____

Type of carrier: ☐ Trucker ☐ Dump & Transit Mix ☐ Time Sensitive ☐ Food Delivery ☐ Waste Disposal
☐ Contractor ☐ Other (Specify) _____ Years in business: _____

Fully describe your operation: _____

Do you haul your own products? ☐ Yes ☐ No

Do you haul products of others? ☐ Yes ☐ No

If both, indicate the percentage of each: Own _____% Other _____%

COVERAGE & LIMITS REQUESTED - ALL QUOTATIONS WILL BE FOR SPECIFIED AUTOS ONLY

LIABILITY

- | | |
|--|--|
| <input type="checkbox"/> \$60,000 CSL | <input type="checkbox"/> \$25/\$50/\$10 |
| <input type="checkbox"/> \$100,000 CSL | <input type="checkbox"/> \$50/\$100/\$25 |
| <input type="checkbox"/> \$300,000 CSL | <input type="checkbox"/> \$100/\$300/\$50 |
| <input type="checkbox"/> \$500,000 CSL | <input type="checkbox"/> \$250/\$500/\$100 |
| <input type="checkbox"/> \$750,000 CSL | <input type="checkbox"/> Other |
| <input type="checkbox"/> \$1,000,000 CSL | \$ _____ |

TOW TRUCK ON HOOK COVERAGE **

- ☐ \$25,000
☐ Other (Specify) \$ _____

** Subject to a \$500 Per Accident Deductible

PHYSICAL DAMAGE

- ☐ Comprehensive
☐ Collision

PHYSICAL DAMAGE DEDUCTIBLE REQUESTED

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$2,000 |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$3,000 |

NO FAULT (Personal Injury Protection)

- ☐ Mandatory
☐ Additional (Specify) \$ _____
☐ OBEL (\$25,000) - NY Only

UNINSURED / UNDERINSURED MOTORISTS

- ☐ \$ _____
Specify Limit (cannot exceed Liability Limit)

☐ Yes ☐ No **Hired Car** If Yes, complete **Hired Car Application**

☐ Yes ☐ No **Non-Ownership** If Yes, complete **Non-Ownership Application**

TRAILER INTERCHANGE

Only available through Non-Admitted Insurers

IF YOU ARE A TRUCKER:

Do you have trailers belonging to others in your possession? ☐ Yes ☐ No

If Yes, do you want Trailer Interchange Legal Liability coverage? ☐ Yes ☐ No

If Yes, what is the maximum limit per trailer you require? \$ _____

What Perils do you desire? ☐ Fire and Theft ☐ Fire and Theft and Collision ☐ Comprehensive and Collision

UNLESS OTHERWISE SPECIFIED BELOW, THE FOLLOWING STANDARD DEDUCTIBLES WILL BE QUOTED

\$1,000 for trailer value up to \$10,000

\$2,500 for trailer value from \$10,001 to \$25,000

☐ Other (Specify) _____

* A Federal Employer Identification Number is required for each corporate entity

FILING INFORMATION

In order for a prompt and accurate filing to be made, we require complete and correct information, including name, address and docket number under which authority exists. Use separate sheet if necessary.

ALL FILINGS REQUIRE SUBMISSION OF CURRENT FINANCIAL STATEMENT PREPARED BY A CPA PRIOR TO QUOTING

Do you hold a Federal Filing? ☐ Yes ☐ No

If Yes, what is the Docket Number? _____

Do you hold any state filings? ☐ Yes ☐ No

If Yes, show states and permit numbers: _____

Are special filings required? ☐ Yes ☐ No If Yes, specify: _____

Show exact name in which filings or permits are issued: _____

Have you ever had authority withdrawn or been under probation by any operating authority? ☐ Yes ☐ No

If Yes, give full details: _____

GENERAL INFORMATION

List all states in which your vehicles operate: _____

What is the maximum radius of operation from garage location for your vehicles? _____ miles

What is the regular radius of operation from garage location for your vehicles? _____ miles

Do you transport or allow others to transport under your authority any of the following? ☐ Gasoline ☐ Explosives ☐ LPG

☐ Chemicals (Specify) _____

☐ Other Hazardous Materials (Specify) _____

☐ Yes ☐ No Do you own any autos not shown on **SCHEDULE** portion of application? If Yes, attach a separate list.

☐ Yes ☐ No Do you pull double trailers?

☐ Yes ☐ No Do you pull triple trailers?

☐ Yes ☐ No Are oversized or overweight commodities hauled?

☐ Yes ☐ No Do you barter, hire or lease any vehicles?

☐ Yes ☐ No Do you service your own vehicles? If No, who services them? _____

☐ Yes ☐ No Do you have a written maintenance program?

☐ Yes ☐ No Are scheduled safety meetings conducted? If Yes, how often? _____

☐ Yes ☐ No Do all drivers carry accident report forms?

☐ Yes ☐ No Are all accident reports completed in a timely manner?

☐ Yes ☐ No Are all accidents reviewed with driver?

☐ Yes ☐ No Are driver logs kept?

☐ Yes ☐ No Are your procedures and systems in compliance with regulatory requirements?

☐ Yes ☐ No Are you or your firm a subsidiary of another entity? If Yes, specify: _____

☐ Yes ☐ No Are vehicles leased to others with driver?

☐ Yes ☐ No Are vehicles leased to others without driver?

☐ Yes ☐ No Are any vehicles altered or have special equipment?

☐ Yes ☐ No Do you obtain MVR verification of all drivers?

☐ Yes ☐ No Do you have special driver recruiting?

☐ Yes ☐ No Are all drivers covered by Worker's Compensation? If Yes, provide name and policy number of insurer: _____

☐ Yes ☐ No Do you hire independent contractors or lease vehicles for use in your business? If Yes, **Hired Car Application** must be completed.

☐ Yes ☐ No Have you ever had insurance for this type of operation canceled, declined or nonrenewed?

If Yes, explain fully on a separate sheet and attach hereto. Be sure to give name(s) of insurance companies, dates and reasons for cancellation or refusal..

SCHEDULE OF AUTOS YOU OWN - List all vehicles to be quoted. If more space is required, use **Supplemental Automobile Schedule**.
IF COVERAGE IS BOUND, COPIES OF ALL REGISTRATIONS WILL BE REQUIRED

Unit #	Year	Trade Name/Model	Vehicle Identification #	Body Type	Cost New *	GVW	Garage Location	State of Registration
1					\$			
2					\$			
3					\$			
4					\$			

* Must be provided for all vehicles for which Physical Damage Coverage is requested.

Describe below special equipment attached to any vehicle. Include it's value under **COST NEW**. Designate by Unit # listed above.

LOSS EXPERIENCE & PREVIOUS CARRIER INFORMATION - If no losses, indicate "no losses" under the **Amount Paid** column. Furnish loss information, whether or not covered by commercial insurance, for the past 3 years. Attach Loss Runs.

Year	Carrier	Policy #	Premium	# of Losses	Amount Paid	Amount Reserved
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

DRIVER INFORMATION - List all drivers, both full and part time. Include Proprietors. If more space is needed, attach a separate sheet.

Name	Address	D.O.B.	License No. & State	Date Employed

A Motor Vehicle Report must be provided for each driver.

ACCIDENTS & VIOLATIONS - If more space is needed, attach a separate sheet.

Operator	Description	Date

LOSS PAYEE (if any) If more space is needed, complete **Supplemental Loss Payee & Additional Insured Schedule**

Unit #	Name	Address

ADDITIONAL INSURED (if any) If more space is needed, complete **Supplemental Loss Payee & Additional Insured Schedule**Check box marked "**Lessor**" if **Additional Insured** is a leasing company.

Unit #	Name	Address	Lessor
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

EFFECTIVE DATE DESIRED: _____

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY **D.C. WHITE AGENCY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INsofar AS THE SAME ARE KNOWN TO THE APPLICANT : AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

WARNING

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

ALL OTHER STATES: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY 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 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 STATE CLAIM FOR EACH VIOLATION."

Name of Insured

Signature of Insured Date

Address of Broker

Name of Broker

Signature of Broker Licensee Date

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Broker's Phone Number

Co-Broker's Name, Address and Phone Number