



COMMERCIAL AUTO FLEET INSURANCE APPLICATION

New Business Renewal

GENERAL INFORMATION

Producer Name: Contact Name: Date Coverage Desired: From: To: Name: Individual Partnership Corporation LLC Other: Mailing Address: Phone #: Website: E-Mail Address: Owner/Safety Inspection Contact? Name: Phone: Garage Location(s): Please list all owned terminals:

Table with 3 columns: Location(s), # Units, Address, City, State

Years In Trucking Industry: Business Start Date: Federal ID #: US DOT Number: Have you filed for Bankruptcy or Chapter 11 in the past five years? Are you presently in bankruptcy?

DESCRIPTION OF OPERATIONS

For Hire Private Non-Trucking Other (explain): Range of Transport Interstate Intrastate

Operations Beyond 300 Mile Radius: Identify Metropolitan Areas Traveled Through or Into Atlanta Dallas/Ft Worth Kansas City Mpls./St Paul Philadelphia San Diego Balt-Washington Detroit Los Angeles New Orleans Phoenix San Francisco Boston Houston Miami New York City Portland Seattle Chicago Cities other than above or regular routes:

Table with 6 columns: Commodity, % of Loads, Maximum Value, Commodity, % of Loads, Maximum Value

GENERAL QUESTIONS

1. Are filings required? Yes No If yes, list Base State, FHWA and All state and permit numbers where filings are required: Docket #: Any Special Filings such as Oversize, Overweight, City Permits? Yes No Give Details:

2. Do you haul hazardous materials? Yes No
 What Limits of Liability are required? \$ _____
3. Do you act as a freight-broker or freight-forwarder or arrange loads for others? Yes No
 Docket #: _____
 If yes, provide Brokerage Name: _____
 Annual Brokerage Revenue: \$ _____
4. Are all owned trailers equipped with reflective tape? Yes No If no, attach a list of those trailers which are not.
 (Check if listing attached.)
5. Is all equipment operated under the applicant's authority scheduled on the application? Yes No
 If no, attach explanation. (Check if explanation attached.)
6. Is all owned equipment scheduled on this application? Yes No If no, attach explanation.
 (Check if explanation attached.)
7. Is all the scheduled equipment owned by you? Yes No If no, attach explanation.
 (Check if explanation attached.)
8. Do you pull doubles? Yes No Do you pull triples? Yes No
9. Do you haul containers or containerized freight? Yes No
10. Do you allow passengers other than company employees? Yes No If yes, attach a copy of passenger program
 or explain program (frequency, requirements), etc. (Check if explanation attached.)

11. Do you use any team, hot seat, slip seating or relay driver operations? Yes No
12. Is this a seasonal operation? Yes No If yes, describe: _____
13. Do you sign contracts with shippers that give the shipper the right to determine cargo salvage values or declare
 cargos a total loss regardless of actual damage in the event of a loss? Yes No
 If yes, which shippers? _____
 What are commodities for each shipper? _____
 What is maximum load value? \$ _____
 What is percentage of loads for signed contracts limiting salvage? % _____
14. Do you operate mobile equipment subject to compulsory or financial responsibility laws or other motor vehicle
 insurance law in the state where it is licensed or principally garaged? Yes No
15. Have you ever had Truck Insurance under another name? Yes No If yes, list name and DOT #:
 Name _____ DOT # _____
16. Do you carry Workers Compensation? If so, list the Carrier and Policy # _____
 If not, do you provide Occ/Acc Coverage? Yes No

LIENHOLDER INFORMATION

Attach Lienholder information for all insured units. (Check if listing attached.)

LEASED OR HIRED

1. Do you sub-haul, lease or hire equipment from others? Yes No
 If yes, is it: Permanently Leased Trip Leased
- a. If permanently leased, is it scheduled on this application? Yes No
- b. If permanently leased, are autos hired with drivers? Yes No
- c. If trip leased, provide the annual estimated cost of hire:
 Current Year: \$ _____ Prior Year: \$ _____
- d. What is your percentage of sub-hauling? %
- e. Attach a list with name and address of each Lessor. Provide a copy of each contract.

2. Do you lease to others? Yes No If yes, who must provide primary insurance? You Other
 If you provide insurance, is coverage desired for: Named Lessee(s) All Lessees (Blanket Basis)
 If Named Lessee(s), attach a list of Name and Addresses for each lessee. (Check if listing attached.)
 Provide a copy of each contract.

	With Driver	Without Driver	Average Duration of a Trip Lease	Average # of Trip Leases Per Year	Estimated Trip Lease Payments Per Year	Insurance Provided by		With Hold Harmless Naming other Party As Additional Insured?
						Lessor	Lessee	Yes No
A. From Others						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. To Others						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Under whose Bill of Lading is shipment moved when leased to others?

From Others? _____

4. What % of Deadheading? % _____

5. Do you backhaul? Yes No If yes, what do you backhaul?

SCHEDULE OF EQUIPMENT OPERATED

Provide schedule of equipment to include: Make, Model, Year, Type, Complete VIN Number, GVW, Garaging Location, Stated Amount and Radius of Operation.

Type	Owned	Leased w/o Drivers	Owner Operators	Local (0-100)	Inter. (101-300)	Long Haul (Over 301)	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Tractors							
Semi-Trailers							
Dump Trucks							
Dump Trailers							
Other							

UNITS REVENUE AND MILEAGE / Actual and Estimated

	Period	Units	Revenue	Mileage
Projected			\$	#
Current			\$	#
1 st Prior			\$	#
2 nd Prior			\$	#
3 rd Prior			\$	#
4 th Prior			\$	#

Attach IFTA's for past 4 quarters. (Check if copies attached.)
 Attach Current FYE Financial Statement including profit & loss statements and balance sheets. (Check if copy attached.)

SUMMARY OF EQUIPMENT VALUES / Physical Damage - Unit Count

Total Fleet Value (Current):	\$ _____	No. of Units (Current):	# _____
Total Fleet Value (1 st Prior):	\$ _____	No. of Units (1 st Prior):	# _____
Total Fleet Value (2 nd Prior):	\$ _____	No. of Units (2 nd Prior):	# _____
Total Fleet Value (3 rd Prior):	\$ _____	No. of Units (3 rd Prior):	# _____
Total Fleet Value (4 th Prior):	\$ _____	No. of Units (4 th Prior):	# _____
Highest Tractor Value:	\$ _____	Highest Trailer Value:	\$ _____
Lowest Tractor Value:	\$ _____	Lowest Trailer Value:	\$ _____

INSURANCE HISTORY & LOSS EXPERIENCE

HAS ANY INSURANCE COMPANY CANCELED OR NON-RENEWED YOUR POLICY IN THE LAST FOUR YEARS?
 Yes No If yes, explain: _____

Is your current coverage presently under Cancellation or Non-Renewal? Yes No
 If yes, explain: _____

Furnish currently valued (value dated within the last 3 months) Insurance Company produced detailed loss / experience for auto liability, physical damage and cargo. Loss runs must be for current year plus 4 (four) prior policy years.

Policy Term		Insurance Company	# of Claims /	Total Incurred
From	To			
				\$
				\$
				\$
				\$
				\$

Describe any claim with payment or reserves over \$25,000. (Separate Sheet Attached - If necessary.)

Date of Loss	Amount of Loss / Reserve	Driver Involved in Loss	Description of Loss
	\$		
	\$		
	\$		
	\$		
	\$		

DRIVERS

1. Truck Fleet – No. of Drivers: Regularly Employed _____ Part Time _____
 Owner Operators _____ Leased _____
 Casual _____ **TOTAL** _____

2. How are drivers paid? Hourly Trip Mileage Other: _____

3. Drivers Hired or Leased Last Year **Company Drivers** **Leased Owners/Operators**
 Number replaced _____
 Number increased _____

4. Age of Drivers: What is the minimum acceptable age of any driver: _____

5. Do you employ or hire drivers with less than 2 years commercial driving experience with like kind of equipment?
 Yes No If yes, explain. _____

6. Do you use the driver information available through the Driver Information Resource System (DIRS) in your driver hiring and management practices? Yes No

7. Are your driver hiring and qualification standards based on DSMS classifications? Yes No
 Do your driver management practices follow these standards without exception? Yes No

8. Do all your drivers speak fluent English? Yes No

9. Do presently employ drivers with any of the following? (check all that apply)
- Younger than 23 years old.
 - Three (3) moving violations in three (3) years.
 - DUI violation.
 - Two preventable accidents.
 - 49 CFR391.41 medical causes.
 - Refusal of drug or alcohol test.
 - Positive tested drivers.
 - Invalid CDL drivers via suspension or revocation.
 - Failing or refusing to submit driver logs.

Provide a list of drivers that includes: **Driver's Name, DOB, License Number and State, Unit Normally Driven, Date of Hire and Years of Driving Experience** (Check if listing attached.)

Provide a copy of hiring criteria (standards) for all new and current drivers. (Check if copy attached.)

SAFETY AND MAINTENANCE

1. Do you have a Formal Safety Program? Yes No
2. Name, title, phone number of person responsible for safety (specify other duties):

3. Are you operating your trucks with speed governors? Yes No
If yes, what speed are they set at? _____
4. Are electronic log programs used to audit driver log books? Yes No
5. Do you utilize any satellite tracking systems? Yes No
6. Is there a written cell phone/texting policy in effect? Yes No Acknowledged in writing by all drivers? Yes No
7. Do you perform annual Appendix G Inspections as required in Part 396 of the FMCSR? Yes No
8. Do you perform regular PM Services? Yes No How often? _____
9. Do you follow up on driver reported maintenance issues? Yes No
10. Have driver reported maintenance complaints been addressed in a timely manner? Yes No
11. Who performs maintenance on Owner/Operator equipment? _____
12. Provide your Carrier Safety Measurement System (CSMS) rating and indicate any changes over the past two (2) years.

COVERAGES

Auto Liability

- Combined Single Limit (CSL) \$ _____ CSL
- Deductible* \$ _____ (*Loss Fund Agreement Required. Sample available upon request.)
- Non-Ownership Liability # of Employees: _____
- Hired Auto Liability Estimated Cost of Hire: _____
- Reporting Basis If reporting, indicate basis: Revenue Mileage

Uninsured / Underinsured Motorist and No-Fault

- Uninsured Motorist** \$ _____
- Underinsured Motorist** \$ _____
- Personal Injury Protection \$ _____
- Medical Payments \$ _____

** Coverage and limit choices in this section are for quoting purposes only.

A separate Carolina Casualty and/or ISO Uninsured Motorists / Underinsured Motorist selection/rejection form(s) must be completed and signed by the applicant when completing the application.

Trailer Interchange (Provide Copy of Agreement)

- Maximum Trailer Value \$ _____ # of Trailers: # _____
- # of Trailer Days: # _____
- Comprehensive OR \$ _____
- Specified Perils \$ _____
- Collision \$ _____

Physical Damage

- Comprehensive OR \$ _____ Deductible **Total Insured Values: \$ _____**
- Specified Perils \$ _____ Deductible
- Collision \$ _____ Deductible
- Extended Towing Limit \$ _____ \$5,000 included – Enter amount if higher limit requested.
- Non-Owned Trailer Limit \$ _____

Cargo

Limit \$ _____
Deductible \$ _____

Temperature Control Equipment Breakdown (Note a \$2,500 deductible applies to this option.)

Optional Cargo Coverages

Temperature Control Equipment Breakdown - minimum \$2,500 deductible applies to this option.

Water Damage / Tarpaulin Endorsement – minimum \$2,500 deductible.

Poultry Cages (Non-owned) Endorsement Other

Special Limits Endorsement Limit \$ Shipper Commodity
% of Loads @ higher limit

Terminal Coverage Limit \$ Deductible \$

Other

Physical Address

Describe Facility

Describe Security Features

Combined Deductible (Physical Damage / Cargo)

A combined deductible will apply unless declined.

- Combined Deductible applies to Tractor / Trailer only.
- Combined Deductible applies to Tractor / Trailer and Cargo (if written).
- I / We DECLINE the Combined Deductible.

CAROLINA CASUALTY INSURANCE COMPANY LOSS PREVENTION SERVICES

- ✓ CCIC's Loss Control staff can tailor loss control **consultative services** to meet your specific needs.
- ✓ Our Loss Control staff is available to our insured's to provide a **D.O.T. audit compliance review** so that insured will be prepared for a D.O.T. compliance audit before it happens.
- ✓ CCIC insureds can take advantage of our **Safe Driver Awards Program**.
- ✓ Our Loss Control staff will help our insureds conduct **effective safety meetings**.
- ✓ Seminars are available to CCIC insureds to help with **continuing education** of your drivers and other staff members.

NOTICE TO CALIFORNIA APPLICANTS: ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

NOTICE TO 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR REWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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.

NOTICE TO KENTUCKY APPLICANTS: 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 COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO MAINE & 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.

NOTICE TO MICHIGAN APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO ONE YEAR FOR A MISDEMEANOR CONVICTION OR UP TO TEN YEARS FOR A FELONY CONVICTION AND PAYMENT OF A FINE OF UP TO \$5,000.00.

NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240

NOTICE TO MINNESOTA APPLICANTS:

THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A 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 STATED CLAIM FOR EACH VIOLATION.

NOTICE TO OHIO APPLICANTS:

ANY PERSON WHO, WITH 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.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

NOTICE TO SOUTH CAROLINA APPLICANTS THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

IF I AM REQUESTING INSURANCE FOR ANY INDIVIDUALLY OWNED PICKUP TRUCK, PANEL TRUCK, VAN, OR SIMILAR MOTOR VEHICLE, AND I HAVE PREVIOUSLY USED THE VEHICLE(S) IN MY BUSINESS, I HAVE PROVIDED AS AN ATTACHMENT TO THIS APPLICATION EITHER A COPY OF MY BUSINESS LICENSE, OR A COPY OF IRS FORM 1040, SCHEDULE C OR SCHEDULE C-EZ, DETAILING NET PROFIT OR LOSS DERIVED FROM THE LEGITIMATE COMMERCIAL USE OF THE VEHICLE(S). IF I HAVE NOT PREVIOUSLY USED SUCH VEHICLE(S) IN MY BUSINESS, OR IF I HAVE A NEW COMMERCIAL ENTERPRISE, I HAVE READ AND SIGNED THE SOUTH CAROLINA COMMERCIAL AUTO SUPPLEMENT, ACORD 62 SC.

NOTICE TO UTAH APPLICANTS: ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR. A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES, IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR PAYMENT OF A LOSS OR BENEFIT CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE, OR IN SOME STATES IS, A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

COVERAGE HAS NOT COMMENCED. You, or your agent, may commence coverage only by requesting a licensed general agent of Carolina Casualty Insurance Company to bind coverage. A binder of insurance will be issued by our licensed general agent specifying the date and time coverage will become effective, but in no event shall coverage become effective prior to the date and time you, or your agent, contact a licensed general agent of Carolina Casualty Insurance Company and coverage is bound by him or her.

SIGNATURES

I hereby certify that the information contained in this application is true and agree that a misrepresentation of any of the facts by me will constitute a reason for the company to void or cancel any policy issued on the basis of this application and will hold the company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the company as accurate and shall become part of the policy.

I recognize that all or parts of my operations are under the Department of Transportation oversight requiring me to adhere to their rules and regulations, acknowledge that DOT's rules and regulations are understood by me and I will adhere to the rules and regulations including, but not limited to, driver hiring, vehicle inspection and maintenance, and hours of service.

I authorize Carolina Casualty Insurance Co to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

Signature of
APPLICANT

X _____

Signature of **AGENT** of
Applicant

X _____

Type or print Applicant
Name:

Agency Name:

Address of
Agency:

Title or relationship to
Applicant:

Agent License or
Registration #:

Agent Phone Number:

Licensed Agent of the
Company:

Date Application
Completed:

Licensed Agent ID#:
