



**MOTOR CARRIER APPLICATION**

Name of Applicant: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Garaging Address:  
 (if different than mailing) \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 DOT No.: \_\_\_\_\_  
 Loss Control contact name and telephone number:  
 \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Insured Website: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Producer: \_\_\_\_\_  
 Phone No.\*: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 \*Required on Fleets to assist Loss Control

**PLEASE ANSWER ALL QUESTIONS**

**PROPOSED EFFECTIVE DATE:** From: \_\_\_\_\_ To: \_\_\_\_\_ 12:01 A.M., Standard Time, at the address of the applicant.

**DESCRIPTION OF OPERATIONS**

1. **Applicant is:**  Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_
2. **How long has this operation been in business?** \_\_\_\_\_ **Years trucking management experience:** \_\_\_\_\_
3. **Any other business currently owned or operated by the insured currently or in the past five years?**.....  Yes  No  
 If yes, provide name and description of operations: \_\_\_\_\_

4. **Has there been any change in operations, ownership, management, or name during the last five years?**.....  Yes  No  
 If yes, provide details: \_\_\_\_\_

5. **Radius of operations:**  
 0-100 mi. \_\_\_\_\_%  101-300 mi. \_\_\_\_\_%  301-500 mi. \_\_\_\_\_%  Over 500 mi. \_\_\_\_\_%

If more than 500 miles, approximately what percent of your miles will you travel to or through these four regional zones:

<b>ZONE 1:</b> CA, NV, OR, WA	<b>ZONE 2:</b> AZ, CO, IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, NM, OH, SD, UT, WI, WY	<b>ZONE 3:</b> AL, AR, FL, GA, KY, LA, MS, NC, OK, PA, SC, TN, TX, VA, WV	<b>ZONE 4:</b> CT, DE, MA, MD, ME, NH, NJ, NY, RI, VT
%	%	%	%

6. **Are filings required?**.....  Yes  No  
 If yes, provide list: \_\_\_\_\_

7. **Are any vehicles owned, operated or leased that are not included in the vehicle schedule?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_

8. **Do you have motor carrier brokerage authority?**.....  Yes  No  
 If yes, in what name? \_\_\_\_\_ and under what DOT number? \_\_\_\_\_  
 What name appears on the bill of lading as the carrier? \_\_\_\_\_  
 Brokerage revenue for the last twelve (12) months: \_\_\_\_\_  
 Estimated brokerage revenue next twelve (12) months: \_\_\_\_\_

9. Do you have a signed trailer interchange agreement? (If yes, provide copy of agreement).....  Yes  No
10. Are any vehicles or equipment loaned, rented, or leased to others? (If yes, provide copy of agreement) .....  Yes  No  
 Are these units scheduled on this policy? .....  Yes  No
11. Do you use owner/operators? .....  Yes  No  
 If yes, are they scheduled on the policy? .....  Yes  No
12. Do you use sub-haulers? (If yes, provide copy of sub-haul agreement) .....  Yes  No
13. Do you hire, rent, or borrow any vehicles from others? .....  Yes  No  
 If yes, will they be scheduled on the policy? .....  Yes  No  
 What is the average term of the lease? \_\_\_\_\_  
 Provide your annual cost to lease, hire, rent, or borrow vehicles:  
 With drivers \$ \_\_\_\_\_ Without drivers \$ \_\_\_\_\_
14. Do you use double trailers? .....  Yes  No Do you use triple trailers? .....  Yes  No
15. Are passengers allowed? .....  Yes  No  
 If yes, what controls are in place? \_\_\_\_\_  
 If yes, what is the frequency of passengers? \_\_\_\_\_

**COMMODITIES HAULED**

Commodity	% of Loads	Average Value	Maximum Value

16. Are hazardous materials or hazardous waste hauled? (If yes, provide details in table above) .....  Yes  No  
 If yes, do you require a \$1 million (\$1.2 million in CA) or \$5 million filing? .....  \$1 million  \$5 million

**DRIVER INFORMATION**

17. Criteria for hiring drivers: Minimum age: \_\_\_\_\_ Minimum years of experience: \_\_\_\_\_  
 Describe your MVR standards: \_\_\_\_\_  
 Do you use PSP (Pre-Employment Screening Program) in your hiring process? .....  Yes  No  
 \* Note: If operating in this name less than two years, Driver Employment Histories are required for all drivers (Form ADM 1003).
18. The driver list provided includes drivers of all vehicles requested to be covered under the policy including employees, leased employees, mechanics, family members, as well as any other person allowed to drive an insured vehicle. I agree to notify my agent of any additional drivers before they are allowed to drive an insured vehicle.....  Yes  No

19. List below all drivers employed as of the proposed effective date:

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

**INSURANCE AND LOSS HISTORY**

20. Have you had any insurance canceled, declined or non-renewed or filed bankruptcy in the last three years? (Not applicable in Missouri) .....  Yes  No

If yes, explain: \_\_\_\_\_

21. Provide loss history for prior five years:

Policy Period	Prior Carrier	Policy No.	No. of Units Insured	No. Of Losses	Liability Losses Paid/Open	Phys. Dam. Losses Paid/Open	Cargo Losses Paid/Open

**OPERATION HISTORY**

22. Provide prior three years, current and projected business history:

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

**SCHEDULE OF COVERED AUTOS**

23. Provide autos to be scheduled on policy:

No.	Year	Make/Model	VIN No. (17 Digits)	GVW/GCW	Stated Value	Radius	Owner's Name	Trailer Type*
					\$			
					\$			
					\$			
					\$			

\*Trailer Types: Car Carrier-CC, Container-CO, Dump Belly-DB, Dump End-DE, Flat Bed-FB, Hopper/Grain-HP, Livestock-LV, Log-LG Mobile/Modular Homes-MH, Tank, Dry Bulk/Pneumatic-TD, Tank, Liquid-TL, Van, Dry-VD, Van, Reefer-VR

**LIENHOLDER INFORMATION**

No.	Name	Address	City	State	Zip Code

24. Does equipment have safety features such as Collision Avoidance Systems, Lane Departure Warning, GPS, Advance Stability Equipment, Brake Monitoring, etc.? .....  Yes  No

If yes, describe: \_\_\_\_\_

**LIMIT AND COVERAGE INFORMATION**

25. Liability: Combined Single Limits \$ \_\_\_\_\_

26. Non-Trucking: \$ \_\_\_\_\_ Leased to: \_\_\_\_\_

27. Hired Auto: Cost of Hire: \$ \_\_\_\_\_ (Hired auto coverage is subject to audit)

28. **Hired Auto Physical Damage Limit:** \$ \_\_\_\_\_ **Deductible:** \$ \_\_\_\_\_

29. **Non-owned Auto: Number of Employees:** \_\_\_\_\_ **(Non-owned auto coverage is subject to audit)**

30. **Uninsured Motorist:**  Rejected  Limits Accepted: \$ \_\_\_\_\_

31. **Underinsured Motorist:**  Rejected  Limits Accepted: \$ \_\_\_\_\_

(Complete appropriate state UM/UIM Selection/Rejection Form)

32. **Mandatory no-fault state:** (Complete appropriate Personal Injury Protection Selection/Rejection Form.)

PIP basic limits accepted? .....  Yes  No

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

34. **Medical Payments:**  Rejected  Limits Accepted: \$ \_\_\_\_\_

35. **Trailer Interchange:** Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ No. of Trailer Days: \_\_\_\_\_

36. **Deductibles:**  Comp. \$ \_\_\_\_\_  SCOL \$ \_\_\_\_\_  Coll. \$ \_\_\_\_\_

37. **Cargo:** Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Check all boxes that apply if coverage desired while hauling these commodities:

Copper  Aluminum  Autos  Mobile Homes  Reefer Breakdown  Spoilage  Owned Goods

38. **Policy Type:**

Scheduled Unit  Reporting Form basis: Per Power Unit  Receipts  Mileage

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.

**California Notice And Disclosure:** Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

#### FRAUD WARNINGS

**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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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 KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for 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.

**NOTICE TO MAINE 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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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 is guilty of insurance fraud.

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

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable in Florida Agents Only)

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.



**HAZARDOUS MATERIAL SUPPLEMENTAL APPLICATION**  
 (Complete in addition to the Commercial Automobile Application)

**Applicant's Name:** \_\_\_\_\_

**1. Description of operations:** \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Number of years under current management: \_\_\_\_\_

**2. Is this operation a subsidiary or division of another company?** .....  Yes  No

If yes, advise the name of the company, their address and the relationship: \_\_\_\_\_

**3. Have you ever operated under another name?** .....  Yes  No

If yes, what name? \_\_\_\_\_

**4. Number of years you have had authority to transport hazardous material:** \_\_\_\_\_

Has your hazardous material operating authority (Federal or State) ever been suspended, revoked, withdrawn or under compliance review? .....  Yes  No

If yes explain: \_\_\_\_\_

**5. Gross Receipts:**

Hazardous Materials	General Commodities	Total for all Operations
\$	\$	\$

**6.**

Largest/Major Cities Entered	Percent of Operation
	%
	%
	%
	%
	%

**7. Number of owned/long term leased vehicles:**

\_\_\_\_\_ Tractors \_\_\_\_\_ Box Trucks \_\_\_\_\_ Box/Van Trailers \_\_\_\_\_ Flatbeds \_\_\_\_\_ Dump Trailers  
 \_\_\_\_\_ Tank Trailers \_\_\_\_\_ Other Describe: \_\_\_\_\_

**8. Number of owner/operator vehicles:**

\_\_\_\_\_ Tractors \_\_\_\_\_ Box Trucks \_\_\_\_\_ Box/Van Trailers \_\_\_\_\_ Flatbeds \_\_\_\_\_ Dump Trailers  
 \_\_\_\_\_ Tank Trailers \_\_\_\_\_ Other Describe: \_\_\_\_\_

**9. Who maintains the vehicles, including trailers?**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 How often are vehicles serviced? \_\_\_\_\_

**10. List your ten (10) largest clients.**

Name of Client	Name of Client

**11. Identify the types of special driver training programs required to be completed by drivers.**

- Emergency Vehicle Evacuation       General Awareness / Familiarization       Hazardous Material Handling  
 OSHA or EPA Sponsored               Regulatory Update                               Safety  
 Security Awareness                       Other Describe: \_\_\_\_\_

**12. Who is responsible for hazardous materials training for your drivers?** \_\_\_\_\_

**13. Who is responsible for the loading and unloading of hazardous materials?** \_\_\_\_\_

**14. Are the drivers trained to identify improperly labeled/marked or packaged hazardous materials?**  Yes  No

**15. Do your drivers have the authority to refuse a shipment if the hazardous material labeling/ loading/packaging is not in compliance with the federal regulations?** .....  Yes  No  
 Describe the procedures your employees use for refusing a load: \_\_\_\_\_

**16. Are all drivers familiar with placard regulations, including the proper use and placement?** .....  Yes  No

**17. List all hazardous materials transported:**

Hazardous Materials Classification	UN Number (United Nations)	Percent of Loads	Average Radius	Container Type	Trailer Type
Class 1: Explosives		%			
Class 2: Gases		%			
Class 3: Flammable liquids		%			
Class 4: Flammable solids; spontaneously combustible materials; and materials that are dangerous when wet		%			
Class 5: Oxidizers and organic peroxides		%			
Class 6: Poisons and etiologic materials		%			

Hazardous Materials Classification	UN Number (United Nations)	Percent of Loads	Average Radius	Container Type	Trailer Type
Class 7: Radioactive materials		%			
Class 8: Corrosives		%			
Class 9: Miscellaneous		%			
ORM-D: Other regulated material		%			
Other (Describe):		%			

18. Are hazardous materials transported in bulk? .....  Yes  No

19. List non-hazardous materials transported.

Commodities	Percent of Loads	Average Radius	Trailer Type
	%		
	%		
	%		
	%		
	%		

Trailer Type: F = Flatbed Trailer, H = Hopper Trailer, T = Tanker Trailer, V = Van Trailer

Radius: 1-100 miles, 101-300 miles, 301-500 miles, greater than 500 miles

20. Name and title of full-time safety director: \_\_\_\_\_

21. If no full-time safety director, name and title of person in charge of safety: \_\_\_\_\_

22. Does the above person have the absolute power to hire and terminate drivers? .....  Yes  No

23. How often are safety meetings held? \_\_\_\_\_

24. Are safety meetings mandatory for all drivers? .....  Yes  No

25. Is there a driver award/bonus plan? .....  Yes  No

If yes, describe: \_\_\_\_\_

26. Is there an accident review procedure? .....  Yes  No

If yes, describe: \_\_\_\_\_

27. Is there an accident review board? .....  Yes  No

If no, who reviews accidents? \_\_\_\_\_

28. Do you allow passengers? .....  Yes  No

If yes, explain: \_\_\_\_\_

29. Are you responsible for the maintenance of owner/operated or leased equipment? .....  Yes  No

30. Are maintenance records retained on-site? .....  Yes  No

If no, explain: \_\_\_\_\_



31. Are MVRs reviewed for acceptability prior to hire or lease? .....  Yes  No

If yes, explain procedure: \_\_\_\_\_  
\_\_\_\_\_

32. How often are MVRs reviewed and by whom? \_\_\_\_\_

33. Criteria for hiring drivers: Minimum Age: \_\_\_\_\_ Years of HAZMAT Experience: \_\_\_\_\_

MVR Standards: \_\_\_\_\_  
\_\_\_\_\_

34. Current DOT safety rating and rating date: \_\_\_\_\_

35. List all currently used treatment, storage & disposal facilities including permit numbers/locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

36. Do you select the disposal site for hazardous materials? .....  Yes  No

If no, who makes the selection? \_\_\_\_\_  
\_\_\_\_\_

37. Describe decontamination process: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

38. Who authorizes hazardous materials manifests? \_\_\_\_\_

Is this a full-time position? .....  Yes  No

39. Do you carry Pollution Liability coverage? .....  Yes  No

Policy Number	Carrier	Limits	Term

40. Do you carry General Liability coverage? .....  Yes  No

Policy Number	Carrier	Limits	Term

41. Are all employees covered by Worker's Compensation? .....  Yes  No

If yes, provide carrier name: \_\_\_\_\_

42. Describe any other pertinent information about your business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENTS LISTED BELOW MUST BE INCLUDED WITH YOUR SUBMISSION**

- Complete vehicle schedule including radius of operation
- Verified loss runs currently valued for current year plus forty-eight (48) months minimum
- Details of all losses in excess of ten thousand dollars (\$10,000).
- Fuel tax records for most current year
- Current driver information including years of experience

**DO YOU HAVE THE FOLLOWING? IF YES, ATTACH COPY.**

Trip lease agreement? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's handbook? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver training manual? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Written MVR standards?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written safety program? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Written vehicle maintenance program? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner/operator contract? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

**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. **(Not applicable to Nebraska, Oregon or Vermont).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other 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.

**APPLICABLE IN HAWAII (AUTOMOBILE):** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for 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.

**NOTICE TO MAINE 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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

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

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for 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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Return Premium (if any)

\$

## REJECTION OF UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY

(Indiana)

The Indiana Insurance Code (Section 27-7-5-2) requires an insurer to provide bodily injury Uninsured Motorist Coverage and Underinsured Motorist Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorist Coverage at the basic financial responsibility limit. Property Damage Uninsured Motorist Coverage is only available if Bodily Injury Uninsured Motorist Coverage is afforded under the policy.

A named insured can reject either or both Uninsured Motorist Coverage or Underinsured Motorist Coverage, reject the Property Damage portion of the Uninsured Motorist Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage. (Note: Limit selected for Underinsured Motorist Coverage cannot be less than \$50,000/\$50,000 Split Limit or \$50,000 Single Limit).

Uninsured Motorist Coverage and Underinsured Motorist Coverage provide insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, or disease, including death, and for the protection of persons insured under the policy who are legally entitled to recover damages from identifiable owners or operators of uninsured motor vehicles for injury to or destruction of property resulting therefrom.

The undersigned named insured —

### (Applicable items marked "X")

- agrees that the Uninsured Motorist Coverage afforded in the policy is rejected.
- agrees that the Underinsured Motorist Coverage afforded in the policy is rejected.
- agrees that both the Uninsured Motorist Coverage and the Underinsured Motorist Coverage afforded in the policy are rejected.
- agrees that the Property Damage only portion of the Uninsured Motorist Coverage provisions afforded in the policy is rejected.
- agrees that the following lower limit of liability applies with respect to the Uninsured Motorist Coverage afforded in the policy.

(Enter lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

- agrees that the following lower limit of liability applies with respect to the Underinsured Motorist Coverage afforded in the policy.

(Enter the lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

Policy No. (if known) \_\_\_\_\_