



**AUTOMOBILE APPLICATION FOR INSURANCE
FOR NON-TRUCKING USE (BOBTAIL)**

**COVERAGE APPLIED FOR IS RESTRICTED—READ THE “STATEMENT OF
COVERAGE UNDERSTANDING” ON PAGE 5 OF THIS APPLICATION**

Name of Applicant: _____

 Street Address: _____

 P.O. Mailing Address _____

 Garaging Location: _____

Agent Name: _____
 Agency Name: _____
 Address: _____

 Agent No.: _____

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

**PARTIALLY COMPLETED APPLICATIONS ARE UNACCEPTABLE. ALL QUESTIONS MUST BE ANSWERED.
IF A QUESTION IS NOT APPLICABLE, INDICATE “NOT APPLICABLE.”**

DESCRIPTION OF OPERATIONS

1. Applicant is: Individual Partnership Corporation Other: _____

2. Number of years experience as a commercial truck driver: _____

3. Under whose authority do you operate?

Name	Address	Phone Number	Contact Person

Provide a complete copy of the current lease agreement.

4. List below all drivers, owners/officers, partners currently employed as of the proposed effective date.

Driver's Name	D/C*	Date of Birth	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	Length of Employment	List Past Three Years of Accidents and Traffic Violations

*Designation Code: O—Owner/Officer, P—Partner, E—Employee

5. Are any regulatory filings required?..... Yes No
 If yes, provide type of filing and exact name authority is written under: _____

6. Previous non-trucking insurance carrier and loss experience—Past three years (attach prior loss reports):

Policy Period		Prior Insurance Carrier	Loss Details
From	To		

7. Has insurance for this type of coverage been canceled or declined or has renewal been re-
 fused? (Not applicable in Missouri)..... Yes No
 If so, provide full details: _____

LIMIT AND COVERAGE INFORMATION

8. **Liability:** Combined Single Limits: \$ _____ Split Limit: B.I. Per Person: \$ _____
 B.I. Per Accident: \$ _____ Property Damage: \$ _____
Liability Deductible: \$1,000 Over \$1,000 \$ _____ **Submit to company—financials may be required.**

9. **Uninsured Motorist:** Rejected Limits Accepted _____

10. **Underinsured Motorist:** Rejected Limits Accepted _____

(Complete appropriate UM/UIM Selection/Rejection Form for Questions 9. and 10.)

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

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

(Complete appropriate Personal Injury Protection Selection/Rejection Form for Questions 11. and 12.)

13. **Medical Payments:** Rejected Limits accepted: _____

14. Are any other entities to be added as additional insureds? Yes No

If yes, list:

NAME	ADDRESS	INTEREST/RELATIONSHIP

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

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____	Value of perm. attached equip.: \$ _____	
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

Vehicle No.:	Year:	V.I.N.:
Make/model/type of vehicle:		
<input type="checkbox"/> ACV <input type="checkbox"/> ST AMT: \$ _____		Value of perm. attached equip.: \$ _____
Mfg. seating capacity:	Radius:	Farthest city:
City, state, zip where garaged:		
License state:		License plate no.:
GVW/GCW:		Class.:
Deductibles <input type="checkbox"/> COMP _____ <input type="checkbox"/> SCOL _____ <input type="checkbox"/> COLL _____		
<input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Service		
Leased Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss payee/additional insured/lessor:		
If limousine, name of coach builder:		Length:

STATEMENT OF COVERAGE UNDERSTANDING

NOTE: In applying for non-trucking use insurance, you understand that there is no liability coverage when you are operating under the authority of others or when leased to others.

If you have any questions about the coverage you are applying for, please discuss them with your insurance agent.

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.

A COMPLETED COPY OF YOUR LEASE AGREEMENT MUST ACCOMPANY THE APPLICATION.

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 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 Nebraska, Oregon and 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)

IOWA LICENSED AGENT: _____ DATE: _____
(Applicable in Iowa only)

IMPORTANT NOTICE

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.



National Casualty Company

Scottsdale Indemnity Company

UNINSURED/UNDERINSURED MOTORISTS COVERAGE REJECTION OR SELECTION FORM—OHIO

Ohio law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document provides the options available.

You have the option to purchase Bodily Injury Uninsured Motorists and/or Underinsured Motorists Coverage. Uninsured Motorists Coverage provides insurance protection to an insured for bodily injury damages which the insured is legally entitled to recover from the owner or operator of an at-fault uninsured motor vehicle because of an automobile accident. Underinsured Motorist Coverage provides insurance protection to an insured for bodily injury damages from an owner or operator of an at-fault underinsured motor vehicle because of an automobile accident. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Ohio Revised Code Section 3937.181 establishes Property Damage Uninsured Motorists Coverage that must be made available for all automobile liability policies of insurance offering Uninsured Motorist Coverage, which are not insured for collision coverage. Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for property damage to a covered automobile which the insured is legally entitled to recover from the owner or operator of an at-fault uninsured motor vehicle because of an accident. The coverage made available for Property Damage Uninsured Motorists Coverage will be the lesser of \$7,500 or the actual cash value of the automobile, subject to a maximum \$250 deductible.

Please reject or select coverages below by placing an "x" in the corresponding box and signing below. Selection of a limit may not be more than the automobile liability coverage limit.

I wish to reject Uninsured and Underinsured Motorists Coverages of:

- Bodily Injury Uninsured Motorists Coverage
- Bodily Injury Underinsured Motorists Coverage
- Property Damage Uninsured Motorists Coverage

I select Bodily Injury Uninsured Motorists Coverage at the following limit:

- Minimum limit of \$50,000 Amount of premium \$ _____
- Other limit of \$ _____ Amount of premium \$ _____

I select Bodily Injury Underinsured Motorist Coverage at the following limit:

- Minimum limit of \$50,000 Amount of premium \$ _____
- Other limit of \$ _____ Amount of premium \$ _____

I select Property Damage Uninsured Motorist Coverage at the following limit (Not available when covered for collision coverages):

\$7,500

Amount of premium \$ _____

Coverage is generally described here. Only the policy provides a complete description of the coverage and their limitations.

I understand that the coverage selection and limit choices indicated herein will apply to all future policy renewals, continuations and changes unless I notify the company otherwise in writing.

Policy Number, if any: _____

Name on Policy: _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Agent's Name: _____ Date: _____

National Casualty Company

FRAUD WARNING—OHIO

In the state of OHIO, this Fraud Warning replaces any Fraud Warnings contained in the application.

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.

APPLICANT'S SIGNATURE

DATE