



**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.



**Tow Truck Operators Supplemental Application**  
 (Complete in addition to the Commercial Automobile Application)

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

**1. Indicate type of operations conducted.**

- Towing only    
  Body Shop/Tow    
  Auto Repair/Tow    
  Salvage/Tow    
  Sales of Automobiles  
 Other—Describe: \_\_\_\_\_

**2. Number of employees hired in the last twelve (12) months:** \_\_\_\_\_

**3. Percentage of Towing**

Dealerships..... _____%	Emergency Scanners..... _____%
Emergency Road Service..... _____%	Garages..... _____%
Impound..... _____%	Non-Consent Towing ..... _____% (Abandoned Vehicle, Illegal Parking, etc)
Municipal Contracts ..... _____%	Motor Club Contracts ..... _____%
Police Rotation..... _____%	Rental Car Contracts..... _____%
Repossession ..... _____%	Telephone Requests ..... _____%
Voluntary ..... _____%	
Involuntary..... _____%	
Other..... _____%	Describe: _____

**4. Type of Vehicles Towed:**

Private Passengers/Pick-ups..... _____%	Heavy/Extra Heavy Truck-Tractors/Trailers _____%
Motor Homes ..... _____%	Non-Auto (Watercraft, Heavy Equipment, etc)..... _____%
Specialized ..... _____%	Describe: _____

**5. Number of dealer/transporter/repo tags:** \_\_\_\_\_

**6. Are passengers allowed to ride in your vehicle?** .....  Yes  No

**7. Are customers allowed to ride in their vehicle while being towed?** .....  Yes  No

**8. Do you operate on a 24/7 basis?** .....  Yes  No

**9. Any guaranties, warranties, hold harmless or waiver of subrogation agreements?** .....  Yes  No  
 If "Yes," explain: \_\_\_\_\_

**10. Do employees use any vehicles for personal use?** .....  Yes  No

11. Have all drivers received certification from an accredited school, such as AAA, CTTA, etc.? .....  Yes  No

12. Are vehicles/equipment loaned or rented to others? .....  Yes  No

13. Are vehicles equipped with alarms? .....  Yes  No

**14. Vehicle Schedule**

Include value of permanently attached wrecker equipment to the value of each vehicle for physical damage coverage.

Unit No.	Year/Make/Model/VIN	Type of Wrecker	GVW	No. of Vehicles Towed	In-Tow Limit Desired	Avg/Max Radius
		<input type="checkbox"/> Flatbed <input type="checkbox"/> Hook & Chain <input type="checkbox"/> Wheel Axle <input type="checkbox"/> Integrated				
		<input type="checkbox"/> Flatbed <input type="checkbox"/> Hook & Chain <input type="checkbox"/> Wheel Axle <input type="checkbox"/> Integrated				
		<input type="checkbox"/> Flatbed <input type="checkbox"/> Hook & Chain <input type="checkbox"/> Wheel Axle <input type="checkbox"/> Integrated				
		<input type="checkbox"/> Flatbed <input type="checkbox"/> Hook & Chain <input type="checkbox"/> Wheel Axle <input type="checkbox"/> Integrated				
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		<input type="checkbox"/> Flatbed <input type="checkbox"/> Hook & Chain <input type="checkbox"/> Wheel Axle <input type="checkbox"/> Integrated				
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		<input type="checkbox"/> Flatbed <input type="checkbox"/> Hook & Chain <input type="checkbox"/> Wheel Axle <input type="checkbox"/> Integrated				
		<input type="checkbox"/> Flatbed <input type="checkbox"/> Hook & Chain <input type="checkbox"/> Wheel Axle <input type="checkbox"/> Integrated				
		<input type="checkbox"/> Flatbed <input type="checkbox"/> Hook & Chain <input type="checkbox"/> Wheel Axle <input type="checkbox"/> Integrated				

**Flatbed (Rollback or Slide)**—The entire back of the truck is fitted with a bed that can be hydraulically inclined and moved to ground level, allowing the customer's vehicle to be placed on it under its own power or pulled by a winch.

**Hook and Chain (Sling or Belt Lift)**—Chains are looped around the vehicle frame or axle, which is drawn aloft by a boom winch to rest against a pair of heavy rubberized mats so the customer's vehicle can be towed on its other axle.

**Wheel-Lift (Axle Cradling)**—A large metal yoke is fitted under the front or rear wheels to cradle them, drawing the front or rear end of the vehicle clear of the ground by a pneumatic or hydraulic hoist so it can be towed. This apparatus generally picks up the drive wheels of the vehicle (i.e. the front wheels if it is front wheel drive, the rear wheels if it is rear wheel drive) touching only the tires.

**Integrated (Snatcher or Repo Truck)**—Boom and wheel-lift integrated into one unit. Used predominantly to repossess vehicles or move illegally parked vehicles. Most have controls for the apparatus inside the cab of the tow truck to make quick pickup possible without the inconvenience of exiting the truck to hook up the vehicle.

**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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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.

**FRAUD WARNING 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 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)



## 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.

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APPLICANT'S SIGNATURE

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DATE