

Contingent Liability Application (Bobtail & Deadhead)

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: _____ To _____

- Name (and "dba") _____
 Individual/Proprietorship Partnership Corporation Other Business Phone Number _____
- Mailing Address _____ City _____ State _____ Zip _____
- Premises Address _____ City _____ State _____ Zip _____
- Person to contact for inspection (name and phone number) _____
- Have you ever had insurance with one of the companies listed at the top of this page? Yes No
 If yes, Policy Number(s) _____ Effective Date(s) _____

DESCRIPTION OF OPERATIONS

- Describe business _____
 Years experience _____ New Venture? Yes No Seasonal? Yes No
- Is this your primary business? Yes No If no, explain _____
- Have you ever filed for Bankruptcy? Yes No If yes, when _____ Explain _____
- Gross receipts last year _____ Estimate for coming year _____ Business for sale? Yes No
- Do you operate in more than one state? Yes No If yes, list states _____
- Show largest cities entered: _____ Do you pull double trailers? Yes No Triple trailers? Yes No
- Do you operate over a regular route? Yes No If yes, show towns operated between: _____
- List all types of cargo hauled: _____
 Principal commodities outbound _____ Backhaul commodities _____
- Do you haul any hazardous or extra hazardous substances or materials as defined by EPA? Yes No
 If yes, provide complete listing identifying all material(s) and/or chemical content: _____
- What percent of time are your vehicles operating under lease or dispatch? _____
- Equipment is under permanent/long term lease to _____
- How many companies have you been leased to in the last three years? _____
- Do you lease to anyone else? Yes No If yes, percent of time _____ %, for whom and explanation _____
- Do you trip lease on back hauls to others? Yes No If yes, percent of time _____ %, for whom and explanation _____

LIABILITY COVERAGE — Complete for desired coverages by indicating limits of insurance.

| LIABILITY | | | | Medical Payments | Personal Injury Protection (where applicable) | IF PHYSICAL DAMAGE COVERAGE DESIRED, REFER TO FOLLOWING PAGE. IF IN-TOW COVERAGE DESIRED, COMPLETE TOW TRUCK SUPPLEMENT. |
|-------------------------------|---------------|---------------|-----------------|------------------|---|---|
| Combined Single Limit BI & PD | Split Limits | | Property Damage | | | |
| | Bodily Injury | Each Accident | | | | |
| | Each Person | Each Accident | Each Accident | | | |

APPLICABLE PERSONAL INJURY PROTECTION, UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.

DRIVER INFORMATION — If additional space is needed, attach separate listing.

| Driver's Name | Date of Birth | Driver's Licenses | | | | Experience | |
|---------------|---------------|-------------------|--------|-----------------------|--------------------------------|---|--------------|
| | | State | Number | Class/Type (i.e. CDL) | Years Licensed (in Class/Type) | Type of Unit (Bus, Van, Truck, Tractor, etc.) | No. of Years |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |

| DRIVER INFORMATION (Continued) — If additional space is needed, attach separate listing. | | | | | | | | |
|--|--------------|---|---------|-------------------|---------|---|---------|---|
| No. Years Previous Commercial Driving Experience | Date of Hire | Accidents and Minor Moving Traffic Violations in Past 5 Years | | | | Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/ Revoked, Speed Contest, other felony) | | Employee (E) Ind. Cont. (IC) Owner/Op. (O/O) Franchisee (F) |
| | | No. of Accidents | Date(s) | No. of Violations | Date(s) | Describe Conviction | Date(s) | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

PLEASE ATTACH DETAILED EXPLANATION OF ACCIDENTS LISTED ABOVE.

20. Are drivers covered by Workers Compensation? Yes No If yes, name of carrier _____
21. Minimum years driving experience required _____ Are vehicles owner-driven only? Yes No
22. Are drivers ever allowed to take vehicles home at night? Yes No If yes, will family members drive? Yes No
23. Do you order MVR's on all drivers prior to hiring? Yes No Driver's maximum driving hours ____ daily, ____ weekly
24. Do you agree to report all newly hired operators? Yes No
25. What is the basis for driver(s) pay? Hourly Trip Mileage Other, Explain _____

| SCHEDULE OF AUTOS/VEHICLES — Describe all vehicles for which application is made for insurance. | | | | | | | | | | |
|---|------------|----------------------|--|------------------------------------|----------------------------|-----------------------|--|---------------------|----------------------------|------------------------------------|
| Veh. No. | Model Year | Vehicle Make & Model | Body Type (i.e. Truck, Tractor, Trailer, etc.) | Full Vehicle Identification Number | Gross Vehicle Weight (GVW) | Total # of rear axles | Principal Garaging Location (city & state) | Radius of Operation | Annual Mileage Per Vehicle | (A) Anti-Lock Brakes, (B) Air Bags |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

26. Will lessor be added as additional insured? Yes No If yes, give name and address of lessor for each vehicle _____
27. Number of vehicles owned: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____
28. Number of vehicles leased: Pick-Ups _____ Trucks _____ Tractors _____ Semi-Trailers _____ Trailers _____ Pup Trailers _____

| PHYSICAL DAMAGE COVERAGE — Complete spaces below in detail for each respective auto/vehicle described above. | | | | | | | | |
|--|----------------|---------------------|---|---|-----------------------------------|---|-----------|--------------------------|
| Veh. No. | Date Purchased | Cost When Purchased | Current Stated Value (excluding permanently attached equipment) | Value of Permanently Attached Special Equipment | Total Stated Amount To Be Insured | Physical Damage Deductible | | Cargo Limit of Insurance |
| | | | | | | <input type="checkbox"/> Comprehensive <input type="checkbox"/> Spec. C of Loss | Collision | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

29. Any loss payees? Yes No If yes, give name and address of mortgagee/loss payee for each vehicle _____

| LOSS EXPERIENCE — Provide prior insurance carriers information for past full three years. | | | | | | | | | | |
|---|-----|------------------------|-------------------------------|------------------|---------|----------|-------------------------------------|----|-----------|-------|
| Policy Term | | Insurance Company Name | No. of Motor Powered Vehicles | No. of Accidents | Premium | | Total Amount Claims Paid & Reserves | | | |
| From | To | | | | Liab | Phys Dam | BI | PD | Comp/Coll | Other |
| / / | / / | | | | | | | | | |
| / / | / / | | | | | | | | | |
| / / | / / | | | | | | | | | |

30. Is any applicant aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance coverage sought in this application? Yes No If yes, provide complete details _____
31. Have you ever been declined, cancelled or non-renewed for this kind of insurance? Yes No If yes, date and why _____

REJECTION OF UNINSURED MOTORISTS COVERAGE
ALABAMA

Act No. 866, Alabama Law 1965, provides that, unless rejected by the named insured, Uninsured Motorists Coverage must be provided, in limits set forth in the law, in or supplemental to all automobile or motor vehicle liability policies delivered or issued for delivery in Alabama with respect to any motor vehicle registered or principally garaged in Alabama and insuring against loss resulting from liability imposed by law for bodily injury or death suffered by any person arising out of the ownership, maintenance or use of a motor vehicle. Such Uninsured Motorists Coverage is the coverage provided for the protection of persons insured under the policy who would be legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease including death resulting therefrom.

If such coverage is rejected, the premium shall be \$ _____ less than if it is not rejected.

In accordance with the provision that Uninsured Motorists Coverage may be rejected, the undersigned (and each of them) does hereby reject such coverage.

The undersigned understands and agrees that the provisions of the Uninsured Motorists Coverage will not be included in the policy issued to them and waives any protection of the Alabama Statutes in that respect.

Signature

Date

Signature

Date

Until you advise us otherwise in writing, your rejection, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice.

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the FHWA requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom? _____

Witness

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain: _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address Phone No.