

STRATFORD INSURANCE COMPANY

WESTERN WORLD INSURANCE COMPANY

### TRUCK INSURANCE APPLICATION - TEXAS

#### A. GENERAL

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Garaging Location(s) if different: \_\_\_\_\_

Applicant:  Individual  Partnership  Corporation  Other \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Nature Of Business: \_\_\_\_\_ Years In Business: \_\_\_\_\_

Years Operating in Your Current Business Name: \_\_\_\_\_ Web Site: \_\_\_\_\_

Have you owned a similar business or had any change in ownership, management or name of your current business during the past 5 years?  Yes  No

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

Is your business a subsidiary of another entity or does your business have any subsidiaries?  Yes  No

If yes, provide details: \_\_\_\_\_

#### B. COVERAGES REQUESTED (Provide limits where applicable.)

Liability \_\_\_\_\_

Scheduled Autos  Uninsured/Underinsured  Physical Damage – See Section G.

Hired Autos  Motorists – See Section I.

Non-Owned Autos  In-Tow (tow trucks)  Specified Causes/Collision, or

Medical Payments \_\_\_\_\_  Limit \_\_\_\_\_  Comprehensive/Collision

Personal Injury Protection - See Section J.  Deductible \_\_\_\_\_  Non-Trucking - See Section H.

Other \_\_\_\_\_

#### C. OPERATIONS

1. List commodities hauled: \_\_\_\_\_

2. Do you haul any hazardous, flammable, explosive, corrosive or chemical materials?  Yes  No

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

3. Are any vehicles equipped with permanently attached equipment such as drills, booms, cranes or other mechanical devices?  Yes  No If yes, please explain: \_\_\_\_\_

4. Maximum radius of operation: \_\_\_\_\_ miles

5. Territory (Largest Cities/Towns into, near, or through which vehicles are operated.)

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_

6. Do you travel to Michigan?  Yes  No If yes, how many days per month? \_\_\_\_\_

7. Do you travel to Ontario, Canada?  Yes  No

8.

Operations History	Dates	# Power Units	Mileage	Gross Receipts (For-Hire Only)
Projected for this Year				
Most Recent Year				
Prior Year				

9. Do you haul goods for others?  Yes  No If yes, for whom? \_\_\_\_\_



**E. PRIOR INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)**

Policy Dates	Insurance Carrier	Policy #	Premium	Average No. of Power Units	*Total Liability Claims		*Total Physical Damage Claims		Cancelled or Non-Renewed? (Reason)
					#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	
			\$		#	\$	#	\$	

\*This section should be completed unless you have attached loss runs for all years. Please describe any loss over \$25,000:  
 \_\_\_\_\_  
 \_\_\_\_\_

Any drivers involved in more than one claim?  Yes  No Who? \_\_\_\_\_  
 If yes, is that driver currently employed?  Yes  No

**F. VEHICLE INFORMATION (Add additional sheet, if necessary)      G. PHYSICAL DAMAGE**

	Model Year/Make	Body type (tractor, truck, type of trailer)	Vehicle ID no.	GVW	Month/Year of Purchase	Cost at Purchase	Amount of Insurance (Must equal present value)	Deductible	*Loss Payee (Y/N)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									

\*Please list name and address of loss payees by vehicle: \_\_\_\_\_  
 \_\_\_\_\_

Do you have a regular vehicle inspection and preventive maintenance program?  Yes  No

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

Do you own any vehicles which will not be covered under this policy?  Yes  No

If yes, please list all vehicles not covered and the insurance carrier covering those vehicles: \_\_\_\_\_  
 \_\_\_\_\_

**H. NON-TRUCKING INSURANCE – Complete and sign this section only if non-trucking coverage is requested.**

1. Are you under permanent lease to an authorized carrier?  Yes  No
2. Carrier to whom equipment is leased: \_\_\_\_\_
3. How long have you been leased to this carrier? \_\_\_\_\_
4. Carrier's Motor Carrier Docket #: MC \_\_\_\_\_
5. Do you ever trip lease?  Yes  No
6. Do you ever haul goods other than under permanent lease?  Yes  No

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

I understand that the Automobile Liability, Uninsured Motorists, and PIP coverages I am applying for are "non-trucking" and do not apply to a vehicle while used to carry property in any business or while used in the business of anyone to whom the vehicle is rented or leased. I understand that the policy I am applying for requires me to be under permanent written lease to an authorized carrier who will provide Bodily Injury and Property Damage Liability insurance in at least the amounts required by law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**I. UNINSURED / UNDERINSURED MOTORISTS' (UM) COVERAGE**

UM coverage protects you against loss from bodily injury and property damage caused by an owner or operator of an uninsured, hit-and-run, or underinsured vehicle. Texas law requires that we offer you UM coverage at limits equal to your policy's liability limits. The law also gives you the choice to reject coverage or to select this coverage at lower limits, but not less than the state's minimum financial responsibility limits. **PLEASE MAKE YOUR SELECTIONS BELOW:**

- I reject UM coverage.
- I reject the Property Damage only portion of UM coverage.
- I select UM coverage as follows:
  - Minimum limits of **OR**  Amount shown below (**not to exceed policy's liability limits**)
  - \$20,000/40,000/15,000 (Split Limit)  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Split Limit; or
  - \$55,000 (Combined Single Limit)  \_\_\_\_\_ Combined Single Limit

(Property Damage UM coverage is subject to a \$250 deductible.)

I understand and agree that my choices will apply to any changes in my current policy and will carry forward on all renewals, unless I give written notice otherwise.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**J. PERSONAL INJURY PROTECTION (PIP)**

PIP coverage provides medical and work loss benefits for bodily injury resulting from a motor vehicle accident and sustained by an insured person. The limit of liability is \$2,500 per person, per accident. You may reject this coverage by signing below:

- I reject PIP coverage. (Your rejection will apply on all renewals unless you give us written notice otherwise.)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**K. AGREEMENTS AND SIGNATURES**

**APPLICANT: I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. I AGREE TO PROMPTLY REPORT ALL FULL TIME AND PART TIME DRIVERS. MY EMPLOYEES UNDERSTAND THAT MOTOR VEHICLE REPORTS WILL BE ORDERED. ON THEIR BEHALF, I AUTHORIZE THE INSURER TO ORDER THESE REPORTS ON EACH DRIVER I EMPLOY OR CONTRACT. THIS APPLICATION ALONE DOES NOT BIND COVERAGE. I UNDERSTAND THAT THIS POLICY DOES NOT PROVIDE ANY COVERAGE IN ONTARIO, CANADA.**

**FRAUD WARNING: 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 CRIME.**

Applicant's Signature \_\_\_\_\_ Producer's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_