

NON-TRUCKING APPLICATION

Agent/Agency: SAFETRAK SOLUTIONS INC. **Date Submitted:** _____

1. APPLICANT INFORMATION

Applicant/Named Insured: _____

(DBA): _____

Mailing Address: _____

List all Garaging Locations: _____

Contact Name: _____ Phone: _____

Website Address: _____ Fax: _____

a. Have you ever operated under another name? Yes No

b. Proposed effective date: _____ Years in business: _____

c. Have you ever had insurance for this type of coverage canceled, declined or non-renewed? Yes No

If yes, provide details: _____

d. If new venture:

(1) Number of years of tractor/trailer (CDL) experience: _____

(2) Who did you haul for previously? _____

e. Type of commodity currently hauled: _____

f. Name and MC# of authorized carrier you are currently leased to on a **PERMANENT BASIS**:
 _____ MC #: _____

g. Radius of operation: _____ miles (must be over 300 miles)

h. List cities/terminals most often entered into: _____

i. Do you carry Workers' Compensation Coverage? Yes No

2. COVERAGES AND LIMITS

Application for: Liability Physical Damage Other: _____

Liability Coverage	Limits	Deductible	Notes/Comments
<input type="checkbox"/> Liability, Symbol ____	\$	\$	
<input type="checkbox"/> UM/UIM Coverage	\$	Not Applicable	
<input type="checkbox"/> Other:	\$	\$	

Physical Damage Coverage: Collision Specified Perils Comprehensive

Deductible(s) to Quote: _____ **Total Insured Value: \$** _____

Risk Bound? Yes No Date Bound: _____ Time Bound: _____ Broker Initials: _____

3. EXPERIENCE

a. List ALL prior policies regardless of losses. (May be subject to hard copy loss runs.)

Policy Period (Month/Year)	Carrier Name	Policy #	# of Losses		Amount of Losses	
			L*	PD*	L*	PD*
to					\$	\$
to					\$	\$
to					\$	\$
to					\$	\$
to					\$	\$

b. Description of any open claims or losses over \$25,000:

*L = Liability; PD = Physical Damage

4. SCHEDULE OF UNITS

Unit #	Symbol Type	Year	Make/Model	Stated Value	Gross Vehicle Weight	Complete VIN	Loss Payee & Address
1				\$			
2				\$			
3				\$			
4				\$			
5				\$			

NOTE: List all units used in the operation of the Named Insured's business. All units owned by the Named Insured must be covered.

5. DRIVER INFORMATION

Name	Date of Birth	Driver's License Number & State	Years Experience	Date of Hire	Past Three (3) Years	
					# Accidents *	# Traffic Violations *

* Provide details of all accidents and traffic violations for the last three years:

PROVIDE AGENT WITH A COPY OF YOUR LEASE AGREEMENT

My signature below indicates that I have reviewed this application, list of drivers, list of equipment and have assigned the Stated Value (defined as actual value of equipment at the time of loss incurred) to each unit to be insured for physical damage coverage. I am aware that the value of this equipment can vary with the current marketplace. I have assumed responsibility for insuring only the equipment shown on this application.

I authorize the Company to obtain a copy of my Motor Vehicle Record for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me. I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 may be guilty of a crime and may be subject to fines or confinement in prison.

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

NOTICE TO NEW YORK APPLICANTS:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date