

# Commercial Auto Application

# SIERRA SPECIALTY INSURANCE

Agent's Name and Address	
Phone Number	Code
Applicant's full name	
D.B.A., if any	
Mailing Address - If P.O. Box, then give the actual address below	
City	State Zip Code
Phone Number	Name of Contact Person
Place of principal garaging. If same as mailing address then write "SAME".	
Proposed Effective Date	POLICY TERM
at 12:01 A.M. Standard Time	<input type="checkbox"/> 12 Months <input type="checkbox"/> 6 months

**This application will not be given consideration unless:**  
**1. It is fully completed and every question is answered;**  
**2. Accompanied by a current MVR for ALL drivers and**  
**3. Application is signed personally by the Applicant and Agent.**

Policy Requested:	<input type="checkbox"/> Liability and Physical Damage <input type="checkbox"/> Physical Damage Only
<input type="checkbox"/> New Business <input type="checkbox"/> Renewal of Topa Policy #	
Is the applicant: <input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> A Corporation or <input type="checkbox"/> Other - If Other please specify:	
How long has the applicant been in business?	Years
Is this a new venture? <input type="checkbox"/> No <input type="checkbox"/> Yes if yes, explain past experience.	
Describe the business operations of the applicant.	

NOTE: Coverage cannot be bound until approved by the Company. When approved the application and payment must be postmarked within 48 hours of the effective date; otherwise coverage will be effective at 12:01 A.M. on the date following the postmark on the envelope.

<b>GENERAL INFORMATION ALL QUESTIONS MUST BE FULLY ANSWERED!</b>	
1. Must the applicant comply with the Motor Carrier Act of 1980? <input type="checkbox"/> No <input type="checkbox"/> YES - If 'yes' the risk is unacceptable.	9. Is there a vehicle maintenance program in place? <input type="checkbox"/> No - Why not? <input type="checkbox"/> Yes - Explain
2. Does the risk EVER haul hazardous substances, flammables, explosives, chemicals or acids? <input type="checkbox"/> No <input type="checkbox"/> Yes - Not eligible	10. Does the applicant ever operate outside the resident State? <input type="checkbox"/> No <input type="checkbox"/> Yes - How often and where?
3. Does the applicant operate on a regular route? <input type="checkbox"/> No <input type="checkbox"/> Yes - List cities and destinations.	11. Are any sub-haulers utilized? <input type="checkbox"/> No <input type="checkbox"/> Yes - What percentage?
4. Does the applicant rent or lease vehicles to others? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "yes" the risk is unacceptable	12. Do other truckers operate under the applicant's filing authority? <input type="checkbox"/> No <input type="checkbox"/> Yes
5. Is the applicant operating for another party under <input type="checkbox"/> Lease <input type="checkbox"/> Contract or <input type="checkbox"/> Filing Authority MCP/MC/DOT <input type="checkbox"/> No If Yes - Give full name:	13. Number of Employees?
6. Are ALL vehicles owned or operated by the business listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> NO - where insured?	14. Do any employees use their own vehicles during the course of employment on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes.
7. Is the applicant the registered owner of all units listed, except "unidentified trailers"? <input type="checkbox"/> Yes <input type="checkbox"/> No - explain	15. a) What is the total revenue? \$ b) What is the total payroll? \$
8. Have you had any policy or coverage declined, canceled or nonrenewed in the past 3 yrs. <input type="checkbox"/> No <input type="checkbox"/> Yes - explain	16. Are any vehicles registered or garaged outside of the applicant's state of primary business operation? <input type="checkbox"/> No <input type="checkbox"/> Yes - explain:

**Type of cargo or goods hauled and percentage of each. Be specific-**


FILINGS:  PUC Filing - Your Cert # \_\_\_\_\_  ICC # \_\_\_\_\_  DMV # \_\_\_\_\_  
 Other: \_\_\_\_\_ NOTE: There is a fully earned fee for each filing, INCLUDING REINSTATEMENT & we must insure ALL vehicles owned or operated by the applicant to make a regulatory filing.

**LIST ALL INSURANCE POLICIES FOR THE PAST THREE YEARS.**

Insurance Company	Policy Number	Policy Period Dates	Coverages (BI/PD/COMP/COLL)

**LIST ALL CLAIMS IN THE PAST 3YEARS**

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Driver

# Coverages & Limits of Liability (in thousands)

<input type="checkbox"/> Liability Split Limits	BI: \$ PD: \$	Per Person \$ Per Accident	Per Accident	<input type="checkbox"/> Uninsured Motorist - PD: \$ California Only and cannot have Collision	Per Accident
<input type="checkbox"/> Liability	\$	Combined Single Limit		<input type="checkbox"/> Underinsured Motorist	\$ Each Person \$ Each Acct.
<input type="checkbox"/> Medical Payments	\$	Each Person		<input type="checkbox"/> Hired Auto Liability Cost of Hire = \$ _____	
<input type="checkbox"/> Uninsured Motorist - BI	\$	Per Person \$	Per Accident	<input type="checkbox"/> Non-owned Auto Liab. Number of Employees =	

NOTE: MEd. Pay, UM-BI, UM-PD and UIM- BI coverage may be rejected depending on your state's laws. Please attach your States acceptance/rejection form.

Liability Deductible: BI = \$ PD = \$ A deductible may be imposed by the Company even it not requested.

## VEHICLE INFORMATION - COMPLETE FOR EACH VEHICLE TO BE INSURED. USE ADDITIONAL APPLICATIONS IF NECESSARY!

<b>Unit # 1</b>	How is this unit used?	No. of trips per day?
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Year	Manufacturer and Model	Body Type	Complete Serial Number	Original Cost New
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GVW or Gallons	Use <input type="checkbox"/> Comm <input type="checkbox"/> Serv <input type="checkbox"/> Hvy <input type="checkbox"/> Personal	Maximum Radius <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 500 Miles	Anti-lock brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	4 wheel drive <input type="checkbox"/> No <input type="checkbox"/> Yes	Spec. Perils Ded.	Coll. Ded	On-Hook Liab. <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000
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Garage Location including zip code:

Loss Payee Name & Address

Additional Insured Name & Address

<b>Unit # 2</b>	How is this unit used?	No. of trips per day?
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Year	Manufacturer and Model	Body Type	Complete Serial Number	Original Cost New
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GVW or Gallons	Use <input type="checkbox"/> Comm <input type="checkbox"/> Serv <input type="checkbox"/> Hvy <input type="checkbox"/> Personal	Maximum Radius <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 500 Miles	Anti-lock brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	4 wheel drive <input type="checkbox"/> No <input type="checkbox"/> Yes	Spec. Perils Ded.	Coll. Ded	On-Hook Liab. <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000
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Garage Location including zip code:

Loss Payee Name & Address

Additional Insured Name & Address

<b>Unit # 3</b>	How is this unit used?	No. of trips per day?
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Year	Manufacturer and Model	Body Type	Complete Serial Number	Original Cost New
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GVW or Gallons	Use <input type="checkbox"/> Comm <input type="checkbox"/> Serv <input type="checkbox"/> Hvy <input type="checkbox"/> Personal	Maximum Radius <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 500 Miles	Anti-lock brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	4 wheel drive <input type="checkbox"/> No <input type="checkbox"/> Yes	Spec. Perils Ded.	Coll. Ded	On-Hook Liab. <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000
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Garage Location including zip code:

Loss Payee Name & Address

Additional Insured Name & Address

<b>Unit # 4</b>	How is this unit used?	No. of trips per day?
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Year	Manufacturer and Model	Body Type	Complete Serial Number	Original Cost New
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GVW or Gallons	Use <input type="checkbox"/> Comm <input type="checkbox"/> Serv <input type="checkbox"/> Hvy <input type="checkbox"/> Personal	Maximum Radius <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 500 Miles	Anti-lock brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	4 wheel drive <input type="checkbox"/> No <input type="checkbox"/> Yes	Spec. Perils Ded.	Coll. Ded	On-Hook Liab. <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1000
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Garage Location including zip code:

Loss Payee Name & Address

Additional Insured Name & Address

**DRIVER INFORMATION - LIST ALL PART-TIME, FULL-TIME OR OCCASIONAL DRIVERS- ALL DRIVERS MUST BE LISTED)**

Does applicant review MVR's prior to hiring?  YES  NO Does applicant require current D.O.T. physicals on all drivers?  YES  No

Driver #	Full name as on Drivers License	Date of Birth	Year Experience	Driver's License Number	State
1					
2					
3					
4					
5					

Driver #	Date	List ALL violations, convictions and accidents in the past 3 years. <i>Provide proof on no-fault accidents</i>	Accidents or Losses
1			
2			
3			
4			
5			

**APPLICANT QUESTIONNAIRE - TO BE COMPLETED AND INITIALED IN THE APPLICANT'S HANDWRITING**

Have all drivers who may operate an insured vehicle on an occasional, part-time or full time basis been listed in the driver section? This includes family members who may operate a listed vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No explain below Initials:
Are all owned or operated (including vehicles under a 30 day or longer lease) commercial vehicles listed in the vehicle section?	<input type="checkbox"/> Yes <input type="checkbox"/> No explain below Initials
Are all vehicles listed on the application which are operated under the insured's regulatory filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No - explain below Initials
Explain:	< = = Explain any "no" answers

**PREMIUM SUMMARY**

This is only a summary of the premium and fees due. The premium breakdown by coverage and vehicle will be provided to you under a separate quote sheet. Do not sign this application until you have reviewed the actual quote sheet details.  I have reviewed the actual quote: Applicant's Initials: X _____.	Total Premium for All Vehicles	\$
	Hired & Non-Owned Auto Premium - if any	\$
	Filling Fees -if any	\$
	Fully Earned Policy Fee	\$
	Total Premium Due	\$
	AMOUNT REMITTED WITH APPLICATION	\$

**APPLICANT AND AGENT SIGNATURES. THIS MUST BE SIGNED OR APPLICATION WILL BE REJECTED.**

**I understand a routine investigation may be made as to my insurability, including requesting a copy of my motor vehicle record from the Department of Motor Vehicles, character, general reputation, personal characteristics, credit history, condition of vehicles and their use. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.**

I hereby declare and warrant that to the best of my knowledge the statements made on the application are true and complete and that these statements are made as an inducement to the Company to issue the insurance policy for which I am applying. I agree that such policy shall be null and void if my premium payment check does not clear the bank when initially presented. I acknowledge that a \$10.00 charge will apply for all checks returned due to insufficient funds

I further declare that I have not had an accident or loss in the last 72 hours and that I am the legal and/or registered owner of all vehicles.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Time: \_\_\_\_\_ AM - PM Date \_\_\_\_\_

I warrant and certify that all information contained herein is correct to the best of my knowledge, that this application was completed and then signed by the insured/applicant, that a completed copy hereof has been given to the insured/applicant, and that I am retaining a duplicate copy.

AGENT'S SIGNATURE: \_\_\_\_\_ Time: \_\_\_\_\_ AM - PM Date: \_\_\_\_\_

**DRIVER EXCLUSION**

It is hereby understood and agreed that all coverages and OUR obligation to defend under this policy shall not apply nor accrue to the benefit of any INSURED or any third party claimant while any VEHICLE or MOBILE EQUIPMENT described in the policy or any other VEHICLE or MOBILE EQUIPMENT, to which the terms of the policy are extended, is being driven, used or operated by any person designated below.

The driver exclusion shall be binding upon every INSURED to whom such policy or endorsements provisions apply while such policy is in force and shall conliritie to be binding with respect to any continuation, renewal or replacement of such policy by the Named Insured or with respect to any reinstatement of such policy within 30 days of any lapse thereof. This DRIVER EXCLUSION provisions shall conform to State statutes and laws.

Name of Person Excluded	Reason For Exclusion	Date of Birth or Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acceptance by signature of Named Insured: \_\_\_\_\_ Date \_\_\_\_\_

# NEW VENTURE SUPPLEMENTAL APPLICATION

Applicant Name: \_\_\_\_\_ Date Coverage Desired: \_\_\_\_\_

## GENERAL INFORMATION

1. Is owner the only driver?  Yes  No -- If no, question #11 must be fully completed
2. When did you first obtain your commercial class A license? Month \_\_\_\_\_ Year \_\_\_\_\_
3. Have you ever had prior commercial insurance in your or your business name?  Yes  No If yes,  
Insurance Carrier: \_\_\_\_\_ Policy Term(s): \_\_\_\_\_  
Losses: Yes No If yes, details: \_\_\_\_\_
4. Have you been driving trucks / tractors commercially for at least 3 years? \_\_\_\_\_

Provide the following previous employer information where employed as a commercial vehicle driver for at least 3 years.

Name Of Prior Employer	Contact Name	Telephone #	Dates Employed (must show a total of at least 3 years)

5. What is the farthest radius traveled? \_\_\_\_\_ What is the furthest radius that you anticipate traveling? \_\_\_\_\_
6. Will you be driving for the same company or as an independent operator? \_\_\_\_\_ With your vehicle or the companies owned vehicles? \_\_\_\_\_
7. Will you be traveling out of California?  Yes  No If yes list states you may travel to \_\_\_\_\_  
How often? \_\_\_\_\_
8. What type of commodities were you previously hauling while employed? \_\_\_\_\_
9. What commodities will you be hauling over the next 12 months?  
\_\_\_\_\_
10. Have you applied or will you be applying for the following authorities?  
 MCP – State Authority – CA# \_\_\_\_\_  DOT - Federal Authority - MC# \_\_\_\_\_
- 10a) If not applying for individual authority, whose authority will you be hauling under? MC/DOT# \_\_\_\_\_
11. Are there other drivers that may be driving or operating your vehicles? If yes, provide driver experience for past 3 years.

Drivers Name	Name of Prior Employer	Contact Name & Tel #	Dates Employed (must total 3 years).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent signature

\_\_\_\_\_  
Date

# CARGO COVERAGE SUPPLEMENT

{To be used in conjunction with TCOM-A (11/01)}

**Vehicle #: ..... Description/Vin #: .....**

**1. Limit of Liability (per power unit)      \$.....**  
 (Up to \$100,000)

**2. Deductible Amount (per incident)      \$.....**  
 (Deductible options: \$250, \$500, \$1,000, \$2,500, \$5,000)

Commodity	Percentage (Power Unit Use)	Theft (Y/N)	Earned Freight (Y/N)	Refrigeration Breakdown * (Y/N)	Locked Truck Warranty **

- \* Refrigeration Breakdown coverage can only be written on refrigerated units.
- \*\* Locked Truck Warranty is applied when Theft and/or Earned Freight coverage are written.

## Prohibited Classes of Cargo

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Antiques</li> <li>2. Automobiles –New or used</li> <li>3. Chemicals</li> <li>4. Furniture – used</li> <li>5. Furs</li> <li>6. Household goods (moving and storage operations)</li> <li>7. Butter</li> <li>8. Bulk liquids other than water</li> </ol> | <ol style="list-style-type: none"> <li>9. Liquors</li> <li>10. Livestock</li> <li>11. Silks</li> <li>12. Tobacco</li> <li>13. Trailers- Homemade</li> <li>14. Yachts</li> <li>15. Electronics</li> <li>16. Eggs</li> <li>17. Refrigerated items in refrigerated trucks or trailers over 10 years old without CARB Certification.</li> </ol> |
|---|---|

Applicant's Signature: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Use more than one supplement if necessary.

**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 1020) of the Act The term "act of terrorise means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, properly; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as pad of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion Coverage under your existing policy may be affected as follows:

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW UNDER THIS FORMULA, THE UNITED STATES PAYS 90% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE THE PREMIUM CHARGE FOR THIS COVERAGE IS SHOWN BELOW IT DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT

**ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

IF YOU DO NOT PAY THE PREMIUM QUOTED BELOW FOR TERRORISM COVERAGE WITH YOUR ORDER TO BIND ANY COVERAGE(S) WE QUOTED FOR YOU, THE TERRORISM EXCLUSION NULLIFIED BY THE FEDERAL TERRORISM RISK INSURANCE ACT OF 2002 WILL BE REINSTATED THIS MEANS THAT YOU WILL NOT BE COVERED FOR LOSSES ARISING OUT OF ANY ACTS OF TERRORISM REGARDLESS OF YOUR DECISION, PLEASE COMPLETE AND RETURN THE DECLARATIONS BELOW TO US AS SOON AS POSSIBLE, TO COMPLETE OUR RECORDS ON THIS SUBJECT

	I hereby elect to purchase Terrorism coverage for an annual premium of \$ 0.
	I hereby reject the offer to purchase Terrorism coverage. I understand that I will have no Coverage for losses arising from acts of Terrorism.

_____	_____	_____	_____
Policy Number	Insured's Signature	Print Name	Date