

APPLICATION FOR MOTOR TRUCK CARGO INSURANCE

UNDERWRITTEN BY
SUTTER
 Insurance Company

SUBMIT TO:

GENERAL	1. Name of applicant: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
	2. Mailing address: _____
	3. Applicant's business _____ 4. Years in business: _____
	5. Principal Garaging Location: _____
	6. Phone Number: _____ 7. Date coverage desired: _____
	8. Estimated financial worth: \$ _____ 9. Gross receipts/last year \$ _____ 10. Estimated next year \$ _____

OPERATIONS	1. Does applicant haul for other? _____
	2. Does applicant rent or lease equipment to others without drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", has applicant filed with PUC? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Does applicant own cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" then who owns it? _____ Does applicant rent or lease equipment to others without drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Does applicant understand that coverage being applied for will exclude vehicles rented or leased without drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Name of liability carrier: _____ Is applicant in assigned risk plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Does applicant own any equipment not scheduled on reverse side? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain why such equipment is not being insured: _____
	7. Has insurance been cancelled or refused by any company in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain: _____
	8. What is applicant's maximum radius of operation? _____

PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS							
From		To		Company Name	Policy No.	Physical Damage Losses	
Mo	Yr	Mo	Yr			Number	Amount
							\$
							\$
							\$
							\$

#	DRIVER'S FULL NAME			Date of Birth	Driver's License Info		No. Yrs. Commercial Driving	No. Yrs. Employed By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Violations Last 3 Yrs.	No. of Major Violations Last 3 Yrs.
					State	License Number					
1											
2											
3											
4											
5											
6											
7											
8											

DRIVER INFORMATION	ADDITIONAL INFORMATION
	1. Does applicant employ drivers under age 25? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are all such drivers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Does applicant understand that coverage being applied for will exclude coverage on vehicles being operated by drivers under age 25 that are not listed as drivers above or reported to the company by subsequent written notice? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Are driving records checked and ordered on new drivers at or prior to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does applicant understand that if this application is accepted he will be required to promptly report all new drivers to the company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BROKER	NAME AND ADDRESS OF APPLICANTS BROKER
	Name: _____ Brokers License # _____
	Street: _____
	City: _____ State: _____ Zip: _____

VEHICLE SCHEDULE	#	Year	Trade Name	Serial Number	Principal Location of Garaging	Coverage Limit Per Vehicle
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
10						

Type of merchandise hauled (avoid the term "General Merchandise"). Show approximate percentage of annual receipts derived from the cartage of each class of goods:

Class	%	Class	%	Class	%	Describe Other Classes
Beer or Wine		Eggs		Machinery (20lbs Max)		
Appliances		Electronics		Meat (Beef/Poultry)		
Auto Haulers		Fertilizer		Milk/Dairy Products		
Auto Parts		Furniture (New Only)		Paper Products/Printed		
Building Materials (Excl Lumber)		Garments		Paper Stock		
Bulk Liquids		Grain/Cereal/Feed/Seed		Produce/Fruit		
Canned Dry/Non Perishable		Hardware		Steel/Steel Products		
Chemicals Non Acid		Hay		Textiles/Woven Cloth		
Coal/Sand/Gravel/Rock		Livestock		Tires/Tubes		
Containers		Logs/Pulp/Wood		Electric Parts		
Cotton Baled (72 Hr Warranty)		Lumber/Panels		Vegetable/Fresh Oil		

Average Value per Load: \$ _____ Maximum Value per Load: \$ _____

Policy Limit per Vehicle: \$ _____ Policy Limit for Two or More Vehicles: \$ _____

Deductible Amount Requested: _____ Is Theft Coverage to be EXCLUDED? Yes No

COVERAGE OPTIONS. Check the appropriate box for all optional coverages desired:

Earned Freight Coverage Refrigeration Breakdown Coverage Loading and Unloading Coverage

THANK YOU FOR CONSIDERING SUTTER INSURANCE COMPANY AS YOUR INSURANCE CARRIER. AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN 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.

NOTICE TO APPLICANT

By my signature I acknowledge that I understand and agree with the following:

1. that with the guidance of my broker as defined in Section 1623 of the California Insurance Code, who is indicated within this application and do hereby apply for a policy of Insurance set forth above on the basis of statements contained herein;
2. that the facts stated herein to be true and request the company to issue the Insurance policy and any renewals there from in reliance hereon;
3. that the Insurance applied for will EXCLUDE coverage on any covered auto while it is in the custody of or operated by drivers under 25 years of age, unless such person is named as a driver in this application or is added by endorsement to the policy, and vehicles rented or leased to others without drivers;
4. that no insurance shall be effective until the company, or its authorized representative approves this application;
5. That this program may be available with a monthly payment option, and that there will be a BILLING FEE each billing cycle that the annual premium balance is not paid in full as follows:

<u>Written Premium</u>	<u>Monthly Billing Fee</u>
\$0 - \$5,000	\$15
\$5,001 - \$10,000	\$25
\$10,001 - \$20,000	\$50
\$20,001 and above	\$100

Signature of Applicant: _____ Date: _____

NOTICE TO BROKER

By my signature I hereby declare that all coverages, limitations and exclusions contained in the Insurance being applied for have been reviewed with and explained to the applicant.

Name of Applicants Broker: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Signature of Insured's Broker: _____

Date: _____